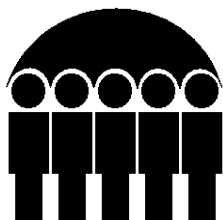


CHILD DEVELOPMENT HOME REGISTRATION GUIDELINES



Iowa
Department
of
Human Services

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REGISTRATION OVERVIEW

There are three categories of child development homes recognized under Iowa law:

- ◆ Child Development Home A
- ◆ Child Development Home B
- ◆ Child Development Home C

The three categories of child development homes are based on the number of children in care, the space available for child care, and the provider's education and experience.

This handbook explains the minimum requirements for each category of child development home, and explains how to apply for registration. Please read these minimum requirements for registration very carefully. When you sign the application form, you are certifying that you meet all these requirements.

In Iowa, "licensing" and "registration" are different. In both processes, the Department of Human Services establishes minimum requirements. Licensing requirements are more stringent. Licensing also requires a visit to the facility and an evaluation by a professional staff person before the license is issued. In issuing a license, the Department is stating that the provider meets the necessary requirements.

The registration process is less complicated. You as a provider self-certify in writing that you do and will meet the minimum requirements in all areas of child development home operation. In issuing a registration certificate, the Department is stating that you have certified that you comply with these requirements. Responsibility for making sure the requirements are met rests primarily with you, the parents of children in your care, and the community.

Iowa law limits the number of children a home may care for, whether the home is registered or not. A nonregistered child care home may care for up to five children.

There is no charge for becoming registered for any of the categories.

Benefits of Registration

Benefits of registration as a child development home provider include:

- ◆ When you are registered, you have the satisfaction of knowing you meet the minimum requirements for child care in accordance with the Iowa Administrative Code.
- ◆ When you are registered, you have the prestige of a Certificate of Registration that shows the parents and the public that you meet the minimum requirements for child care in the state of Iowa.

- ◆ When you are registered, you are eligible for consultation from the Department of Human Services in all aspects of child care.
- ◆ Registration identifies your child development home for the referral system maintained by the local office of Human Services and the Child Care Resource and Referral Agency.
- ◆ Registration identifies your home to child care organizations and other community resources, such as Extension Services, Community Action programs, Head Start, and Child Care Resource and Referral Agencies. These agencies can provide services such as training, consultation, collaboration, and resource development.
- ◆ Registration can open communications with a variety of child care resources, which tends to lessen the isolation of the child development home provider.
- ◆ Registered homes may be able to qualify for participation in the Child and Adult Care Food Program for reimbursement for meals and snacks.

Definitions

“Adult” means a person aged 18 or older.

“Assistant” means a responsible person aged 14 or older. The assistant may never be left alone with children. Ultimate responsibility for supervision is with the child care provider.

“Child” means either:

- ◆ A person 12 years of age or younger.
- ◆ A person 13 years of age or older but younger than 19 years of age who has a development disability as defined under the federal Developmental Disability Assistance and Bill of Rights Act.

“Child care” means the care, supervision, or guidance of a child by a person other than the child’s parent, guardian, or custodian for periods of less than 24 hours per day per child on a regular basis. “Child care” does not mean special activity programs that meet on a regular basis, such as music or dance classes, organized athletics or sports programs, scouting programs, or hobby or craft classes or clubs.

“Department” means the Department of Human Services.

“Parent” means parent or legal guardian.

“Part time hours” means the hours that child development homes in categories B and C are allowed to exceed their maximum preschool and/or school age capacity. A provider may use a total of up to 180 hours per month as part time hours. No more than two children using part-time hours may be in the child development home at any one time.

“Provider” means the person or program that applies for registration to provide child care and is approved as a child development home.

“Registration” means the process by which child-care providers certify that they comply with rules adopted by the Department.

“Registration certificate” means the written document issued by the department to publicly state that the provider has certified in writing compliance with the minimum requirements for registration of a child development home.

REGISTRATION PROCEDURES

Application for Registration

Providers apply for registration on form 470-3384, *Application for Child Development Home Registration*, provided by the department’s local office or the local Child Care Resource and Referral agency. The provider shall also use this form to inform the Department of any changes in circumstances that would affect the home’s registration. If your household composition changes, you must notify DHS.

Comment: *There may be only one registration per address. If a provider is registered at an address which is other than the provider’s home address, the provider is still responsible for maintaining all health and safety requirements at the home where they are registered and providing child care.*

The person who is the registered provider must be present at all times, except for times when a DHS-approved substitute is authorized to provide care.

Record Checks

The Department submits record checks for:

- ◆ Every operator of a child development home.
- ◆ All staff members, including substitute providers, with direct responsibility for child care.
- ◆ Anyone 14 years and older who is living in the child development home.
- ◆ Anyone who might have access to a child when the child is alone.

The purpose of the record checks is to determine whether the person has any founded child abuse reports, criminal convictions, or is on the sex offender registry. Record checks are repeated every 24 months.

Issuance of Registration Certificate

The Department issues a registration certificate when the applicant meets all requirements for registration.

Comment: *These requirements include submitting the signed and completely filled in application form, the submission of the DHS Criminal History Record Check Form B for all persons required, and the return to the local office of the completed record checks. If everything is completed correctly and all record checks come back as completely clear, the Certificate of Registration will be issued.*

Comment: *Included in this **Child Development Home Registration Guidelines** is a sample **Parent Guide to Child Development Home Registration**. This letter gives some explanation of the registration process and parental responsibility. It also includes a list of the minimum requirements.*

*Please give a copy of the **Parent Guide to Child Development Home Registration** to the parent or guardian of each child enrolled in your child development home. The parent may ask you for help in understanding the minimum requirements. You will receive 12 copies of the Parent Guide to distribute to the parents of children in your care when you receive your Certificate of Registration. You may request more copies from the local office whenever you need them.*

The local offices of the Department maintain a current list of child development homes as a referral service to the community.

Compliance Checks

The Department must check 20 percent or more of all child development homes in the county during the calendar year for compliance with registration requirements contained in this handbook. As a registered provider, you are required to allow DHS staff to complete this spot check of your registered child development home.

Renewal of Registration Certificate

Providers shall renew their registration every 24 months. When renewing registration, a provider shall submit copies of certificates of training to the Department to be retained in the registration file.

Comment: *You must reapply every 24 months, or your Certificate of Registration will be invalid. Upon renewal you will get a new seal with a new expiration date for your certificate. The Department will complete record checks at the time of your renewal.*

Complaints

The Department keeps a record of all complaints and regulatory violations and their resolution in the provider's regulatory file. This record is available to the public upon request, except that the identity of the complainant will not be disclosed unless expressly permitted by the complainant.

Denial or Revocation of Registration

The Department shall deny or revoke registration if it finds a hazard to the safety and well-being of a child, and the provider cannot correct or refuses to correct the hazard. This policy applies even though the hazard may not have been specifically listed under the health and safety rules.

The Department shall keep a record of all denials or revocations of registration and the reasons for denying or revoking the registration. This file is open to public inspection.

Comment: *You have a right to appeal if the Department of Human Services denies your application for registration or revokes your certificate of registration. You may request a hearing within 30 days after the date the official notice of denial or revocation was mailed. You should submit your request for an appeal to the local Department office or to the DHS Appeals Section, 5th Floor, 1305 E Walnut St, Des Moines, Iowa 50319-0114.*

If your registration is denied due to a recent founded child abuse record, you may also consult with the local Department office about filing a request for review of the child abuse report findings.

Letter of Revocation

An owner or operator of a child development home who receives a letter from the Department initiating action to deny or revoke the child development home's registration shall post the letter conspicuously where parents or any member of the public can read it. The letter shall remain posted until resolution of the action to deny or revoke the owner's or operator's *Certificate of Registration*.

Comment: *A Notice of Decision may serve as a letter for this purpose. Post it next to the Certificate of Registration where it may be read by anyone entering the child development home.*

Letter to Parents

The Department will send a letter to every parent, guardian, or legal custodian of each child enrolled in a child development home if:

- ◆ The *Certificate of Registration* is revoked, or
- ◆ There has been a founded child abuse case against the provider, a staff member, or anyone living in the home.

Sanction Period

A person shall not own or operate a child development home for a period of 12 months from the date the Department has denied or revoked a registration because the person has continually or repeatedly failed to operate a child development home in compliance with Iowa law or Department rules.

The Department shall not act on an application for registration submitted by the applicant or provider during the 12-month period.

STANDARDS

The next sections state the standards that apply to all child development homes, regardless of category, and the specific requirements for each individual category of child development home.

Program Standards for All Child Development Homes

Health and Safety

Conditions in the home are safe, sanitary, and free of hazards. This shall include as a minimum:

- ◆ A non-pay, working telephone with emergency numbers posted for police, fire, ambulance, and the poison information center. A cell phone cannot be used as the primary phone. The numbers for each child's parent, for a responsible person who can be reached when the parent cannot, and for the child's physician shall be readily accessible by the telephone.
- ◆ All medicines and poisonous, toxic, or otherwise unsafe materials secured from access by a child.
- ◆ First-aid supplies which include, but are not limited to, adhesive bandages, antiseptic cleansing materials, tweezers, and disposable plastic gloves. A first aid kit must be available in any vehicle you use to transport children.
- ◆ Medications given only with the parent's or doctor's written authorization. Each prescribed medication shall be accompanied by a physician's or pharmacist's direction. Both nonprescription and prescription medications shall be in the original container with directions intact and labeled with the child's name. All medications shall be stored properly and, when refrigeration is required, shall be stored in a separate, covered container so as to prevent contamination of food or other medications. All medications shall be stored so they are secured from access to children.

Comment: *Medications include prescription medicines, over-the-counter medicines, salves and lotions, including those for itches, rashes and diaper rash. Over-the-counter medications should be given only following package directions regarding dosage, length of time given, frequency given, etc. Any instructions beyond those on the labeling should have a doctor's authorization.*

- ◆ Electrical wiring maintained with all accessible electrical outlets safely capped and electrical cords properly used. Improper use would include running cords under rugs, over hooks, through door openings, or other use that has been known to be hazardous.
- ◆ Combustible materials are kept away from furnaces, stoves, gas dryers, and water heaters.
- ◆ Safety gates at stairways and doors shall be provided and used as needed.
- ◆ A safe outdoor play area maintained in good condition throughout the year, fenced off when located on a busy thoroughfare or near a hazard which may be injurious to a child, and with both sunny and shaded areas. The play area shall be kept free from litter, rubbish, and flammable materials and shall be free from contamination by drainage or ponding of sewage, household waste, or storm water.

Comment: *Equipment should be free of sharp, loose, or pointed parts that could cause injury to a child. Permanent outdoor equipment like swing sets or climbers should be firmly anchored. The play area should be well drained, and free from contamination caused by sewage, household drainage waste, or storm water.*

- ◆ Annual laboratory analysis of a private water supply to show satisfactory bacteriological quality. When children under the age of two are to be cared for, the analysis shall include a nitrate analysis. When private water supplies are determined unsuitable for drinking, commercially bottled water or water treated through a process approved by the health department or designee shall be provided.

Comment: *For other than city supplied water, an annual laboratory analysis to show bacteriological quality must be on file in the home. Forms and a container for a laboratory analysis may be obtained from the State Hygienic Laboratory in Iowa City, Iowa 52242, or from your local health department. There may be a charge for this analysis. If the private water supply report does not show satisfactory quality, a statement should be contained in the child care home files indicating the alternative plan for a safe water supply.*

- ◆ Within 12 months of registration or renewal of registration, private sewer or waste water treatment facilities and equipment shall be tested for efficient functioning and improper leakage.

Comment: *Contact your local public health agency to arrange for this testing.*

- ◆ Emergency and disaster plans written and posted by the primary and secondary exits. The plans shall include a diagram with the exits and an outside meeting place noted.
- ◆ Fire and tornado drills practiced monthly and documentation evidencing compliance with monthly practice kept on file by the provider.

Comment: *This can be as simple as a chart showing the date the drills were practiced, the time of the day, and how long it took to evacuate all the children safely.*

- ◆ A safety barrier surrounding any heating stove or heating element, in order to prevent burns.

Comment: *Anything that produces enough heat to burn a small child should have some type of barrier around it to prevent injury to a child. This could include, but is not limited to, wood-burning stoves, space heaters, fireplaces, radiator, electric baseboard heaters, or steam-producing vaporizers, whenever in operation.*

If there are animals on the premises:

- ◆ All dogs and cats shall have annual health examinations. Records of the examinations shall be available.
- ◆ Pet birds must be purchased from an approved dealer. Pet birds shall not be handled by the children.
- ◆ Aquariums must be well maintained and installed so that they prevent children from getting in the water or pulling over the tank.
- ◆ All animal waste shall be immediately removed from the children's areas and properly disposed of.
- ◆ No animals shall be allowed in the food preparation, food storage, or serving areas during food preparation and serving times.
- ◆ Providers must inform parents of the presence of any pet in the child development home.

When there is a swimming pool on the premises:

- ◆ If the pool is fenced:
 - An in-ground swimming pool shall be enclosed with a fence that is at least four feet high and flush with the ground.
 - An above-ground pool shall be enclosed with an approved fence that is four feet above the side walls.
 - When an above-ground or in-ground pool is covered, this cover shall meet or exceed the standards of the American Society for Testing and Materials.

- ◆ If the pool is not fenced:

Whenever the pool is not in use, it must be covered by a cover that meets ASTM standards.

If children are allowed to use above-ground or in-ground swimming pools:

- ◆ Written permission from parents shall be available for review.
- ◆ Equipment needed to rescue a child or adult shall be readily accessible.
- ◆ The child care provider shall accompany and directly supervise the children during swimming and wading activities.
- ◆ The provider shall complete training in CPR for infants, toddlers, and children.

Wading pools shall be drained daily and shall be inaccessible to children when not in use.

Children under the age of one year shall be placed on their backs when sleeping unless otherwise authorized in writing by a physician.

Smoking and the use of tobacco products shall be prohibited in areas that may be used by children receiving care in the home, in the outdoor play area, and in any vehicle in which children receiving care in the home are transported during the home's hours of operation.

You must have written policies about caring for mildly ill children.

Any injury requiring first aid or medical care must be documented on an injury report form. This form must be shared with parents and a copy kept in the child's file.

Meals

Regular meals and mid-morning and mid-afternoon snacks shall be provided which are well balanced, nourishing, and in appropriate amounts as defined by the USDA Child and Adult Care Food Program. Children may bring food to the child development home for their own consumption, but shall not be required to provide their own food.

Comment: *The meal patterns approved by the Child and Adult Care Food Program are found in the Nutrition and Sanitation section of these Guidelines.*

Activity Program

There shall be an activity program, which promotes self-esteem and exploration and includes:

- ◆ Active play
- ◆ Quiet play
- ◆ Activities for large muscle development
- ◆ Activities for small muscle development
- ◆ Play equipment and materials in a safe condition, for both indoor and outdoor activities that are developmentally appropriate for the ages and number of children present

Comment: *A flexible schedule should be developed to aid in planning activities for the children. Examples of active play for large muscle development include running, climbing, group games, jumping, and riding toys.*

Examples of quiet play and small muscle development activities include coloring, stringing objects, putting puzzles together, using play dough to form and squeeze, doing music and finger play activities, making things with paper, using paste and scissors, reading books.

There could be many variations of equipment for either outside or inside. However, variety and appropriateness to the children's ages is important.

An outside play area might have a climber, a slide, a telephone spool, a tricycle, or push and pull toys. A room inside might have a playhouse or dramatic play area in one corner, blocks and toys in one corner, and a quiet area for books and puzzles in another corner of the room.

Discipline

Discipline shall conform to the following standards:

- ◆ Discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others.
- ◆ Corporal punishment including spanking, shaking, and slapping shall not be used.
- ◆ Punishment which is humiliating or frightening or which causes pain or discomfort to the child shall not be used.

- ◆ Punishment shall not be administered because of a child's illness, or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
- ◆ No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.

Parental Access

Parents are afforded unlimited access to their children and to the providers caring for their children during the normal hours of operation or whenever their children are in the care of the providers, unless parental contact is prohibited by court order.

Certificate of Registration

The *Certificate of Registration* shall be displayed in a conspicuous place.

Children's Files

The provider shall maintain an individual file for each child and update it annually or when the provider becomes aware of changes.

Comment: *Individual files may be in letter-size manila envelopes and contained in one expandable file folder, or be actual individual file folders. In order to make sure family confidentiality is protected, you need to make sure that the information is kept so that parents are only able to see information about their own child.*

The child's file shall contain:

- ◆ Identifying information including at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.
- ◆ Emergency information including, at a minimum, where the parent can be reached, the name and telephone number of the child's regular source of health care, and the name, telephone number, and relationship to the child of another adult available in case of emergency.

- ◆ A signed medical consent from the parent authorizing emergency treatment.

Comment: *A signed medical consent form is very important in case of emergencies. This form greatly reduces the time lost in obtaining emergency treatment for a child. You may wish to check with your local hospital emergency rooms to determine if they will accept any form signed by the parents, or if they require their own completed form. Also, check whether they require the form to be notarized.*

- ◆ For each infant and preschool-age child, on the first day of attendance, an admission physical examination report signed by a licensed physician or designee in a clinic supervised by a licensed physician.

The date of the physical examination shall not be more than 12 months before the first day of attendance at the child care home. The written report shall include past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary.

Comment: *Health information is important in knowing a child is in good health and can participate in all child care activities. It is even more important to know if a physician's report contains information on health problems that require treatment, medication, or limitations on a child's diet or activities.*

- ◆ For each school age child, on the first day of attendance, a statement of health status signed by the parent or legal guardian. This statement must be submitted every year.
- ◆ A statement of health condition signed by a physician or designee shall be thereafter submitted annually from the date of the admission physical.

Comment: *If the doctor is willing to sign this statement following the first complete physical examination report, it will be accepted. If the doctor refuses, or does not feel comfortable with signing just a statement, a full physical examination report will be accepted.*

- ◆ Injury report forms to document injuries requiring first aid or medical care.
- ◆ A list signed by a parent which names persons authorized to pick up the child. The authorization shall include the name, telephone number, and relationship of the authorized person to the child.

Comment: *It is very important that any child in care be released to only persons who are on this list. Request a photo identification of people whom you do not recognize on sight. If you release a child to anyone not on the list, and if something should happen to that child, you could be held liable.*

- ◆ A signed and dated immunization certificate provided by the state Department of Public Health shall be on file for each child enrolled. For the school-aged child, a copy of the most recent immunization record shall be acceptable.

Comment: *The current Department of Public Health immunization requirements are:*

- *For children 0 to 2 months of age, no immunization is required.*
- *Children 2 to 18 months of age need at least one dose of combined diphtheria tetanus, and pertussis (DPT) vaccine; at least one dose of trivalent polio vaccine; and also three doses of haemophilus influenzae b (Hib) vaccine.*
- *Children 18 months of age and older need at least three doses of combined diphtheria, tetanus, and pertussis (DPT) vaccine; at least three doses of trivalent polio vaccine; and at least one dose of rubeola and rubella containing vaccine received after the child was at least 12 months of age. If Hib vaccine was not given earlier, one dose is required for any child 15 months or older.*

Hepatitis B vaccine is recommended for children in child care, but is not required.

School-aged children may need additional immunizations. Check with your physician.

Immunization certificates must be signed by a physician (MD or DO), or county health official and must list the dates of the doses and the health providers. Medical exemptions must be signed by a MD or DO (not a chiropractor). Religious exemptions must list the religion, have a parent's signature, and be notarized.

- ◆ Written permission from the parents for their child to attend activities away from the child development home. The permission shall include:

- Times of departure and arrival
- Destination
- People who will be responsible for the child.

Comment: *This could include such events as trips to the library or grocery store, or a "field trip" such as to the fire station or a farm. It also includes instances when a child is transported to dance class, Scouts, etc. by another child's parent or a person designated by the parent.*

Comment: *The signed parental consent form for additional children to be present during emergency school closings should be included in this file, also.*

Provider Standards for All Child Development Homes

The provider must meet the following requirements:

- ◆ Gives careful supervision at all times.
- ◆ Frequently exchanges information with the parent of each child to enhance the quality of care.
- ◆ Give consistent, dependable care and is capable of handling emergencies.
- ◆ Is present at all times except if emergencies occur or when an absence is planned, at which time care may be provided by a DHS-approved substitute. When an absence is planned, the parents shall be given at least 24 hours' prior notice.

Training

During the first three months of registration, all providers must receive:

- ◆ Two hours of approved child abuse and neglect mandatory reporter training.
- ◆ Certification in infant and child first aid that includes management of a blocked airway and mouth-to-mouth resuscitation.

Comment: *If you are unable to locate first aid training that includes mouth-to-mouth resuscitation, you must complete both a first aid course and CPR.*

During the first year of registration, in addition to the two trainings listed above, the provider must receive a minimum of 12 hours of training. Two hours of the training must be in the area of health and safety.

During the second year of registration and each year after, the provider must receive a minimum of 12 hours of training, chosen from these categories:

- ◆ Health, safety, and nutrition
- ◆ Child growth and development
- ◆ Child observation and assessment
- ◆ Interactions with children
- ◆ Learning experiences and environment
- ◆ Families and communities
- ◆ Program management
- ◆ Professional development

At least six hours of training must be received in a sponsored group setting. The remaining hours may be completed by self-study, using a training packet approved by the Department.

- ◆ Providers that submit documentation from their child care resource and referral agency that they have completed the ChildNet training series may use those hours to fulfill a maximum of two years training requirements, not including first aid and mandatory reporter training.
- ◆ All providers must maintain current certification for approved training for the mandatory reporting of child abuse and for infant and child first aid, including management of a blocked airway and mouth-to-mouth resuscitation.

Provider Files

A provider file shall be maintained and shall contain a physician's signed statement that the provider and members of the provider's household are free of diseases or disabilities that would prevent good child care. The statement must be obtained on all members of the provider's household that may be present when children are in the home. This statement must include immunization or immune status for measles, mumps, rubella, diphtheria, tetanus, and polio.

The statement must be obtained at the time of the first registration and at least every two years thereafter.

Certificates or training verification documentation for all required training.

Assistant Files

An individual file shall be maintained for each staff assistant and shall contain:

- ◆ A completed *DHS Criminal History Record Check, Form B*, 595-1396.
- ◆ A completed *Request for Child Abuse Information*, form 470-0643.
- ◆ A physician's signed statement at the time of employment and at least every three years thereafter that the person is free of diseases or disabilities that would prevent good child care. This statement must include immunization or immune status for measles, mumps, rubella, diphtheria, tetanus, and polio.
- ◆ Certification of a minimum of two hours of approved training relating to the identification and reporting of child abuse within six months of employment and every five years thereafter.

Comment: *This training may be obtained through the county office of the Department of Human Services, the local child care resource and referral agency, the local Extension office, the local community college, etc.*

Substitute Files

An individual file shall be maintained for each substitute and shall contain:

- ◆ A completed *DHS Criminal History Record Check, Form B*, 595-1396.
- ◆ A completed *Request for Child Abuse Information*, form 470-0643.
- ◆ A physician's signed statement at the time of employment and at least every three years thereafter that the person is free of diseases or disabilities that would prevent good child care. This statement must include immunization or immune status for measles, mumps, rubella, diphtheria, tetanus, and polio.
- ◆ Certification of a minimum of two hours of approved training relating to the identification and reporting of child abuse within six months of employment and every five years thereafter.
- ◆ Certification in infant and child first aid that includes management of a blocked airway and mouth-to-mouth resuscitation.

Substitute Providers

Substitute providers must be 18 years of age or older. The child care provider shall assume responsibility for providing adequate and appropriate supervision at all times children are in attendance. Any substitute provider shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision will be with the child care provider. All child development home regulations regarding supervision and care of children apply to substitutes.

Except in emergency situations, the child care provider shall inform parents in advance of the planned use of a substitute provider.

Substitute care may be used in the home up to 25 child care hours per month and for an additional period of up to two weeks in a 12 month period. This limit applies to the child development home, regardless of the number of individuals who may be providing the substitute care. The provider shall maintain a written record of the number of hours substitute care was provided, including the date and the name of the substitute provider.

DESCRIPTION OF CHILD DEVELOPMENT HOME CATEGORIES

The following sections describe the size limits and characteristics of each type of child development home. Child development homes are divided into three categories: A, B, and C, based on the provider's education and experience.

Infants and preschool children of the provider **are** counted in the total number of children in care. School-age children of the provider are **not** counted in the total number of children in care (unless they are staying home, e.g. for home-schooling).

The summer before a child enters kindergarten, the child is still counted as a preschooler. A child is counted as school-aged from the first day of kindergarten on, including days school is not in session and summer vacation.

Child Development Home A

Legal reference: Iowa Code section 237A.1(8)“a”; 441 IAC 110.5(237A)

Number of Children in Care

Child Development Home A providers may care for up to six preschool children at any one time. Of these six children, not more than four children who are 24 months of age or younger may be in care. Of the four children under 24 months of age, no more than three may be 18 months of age or younger. In addition, not more than two children who attend school may be present for less than two hours at a time. The provider's own preschool age children are included in the total count. The provider's own children attending kindergarten or a higher level are not included in the total count.

On days when schools are closed due to emergencies such as inclement weather or physical plant failure, Child Development Home A providers may care for a maximum of eight children. This exception does not apply on non-emergency no-school days, such as in-service, conference, or vacation days.

Provider Requirements

A Child Development Home A provider must:

- ◆ Be at least 18 years old.
- ◆ Have 3 written references that attest to character and ability to provide child care.

Facility Requirements

Fire extinguisher. The home shall have not less than one 2A 10BC rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.

Smoke detectors. The home shall have a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes.

Child Development Home B

Legal reference: Iowa Code section 237A.1(8)“a”; 441 IAC 110.5(237A)

Number of Children in Care

Child Development Home B providers may care for up to six preschool children at any one time. Of these six children, not more than four children who are 24 months of age or younger may be in care. Of the four children under 24 months of age, no more than three may be 18 months of age or younger. The provider's own preschool age children are included in the total count. The provider's own children attending kindergarten or a higher level are not included in the total count.

In addition to these six children, up to four children who attend school may be present. Whenever more than eight children are present at any one time for more than two hours, the provider must be assisted by a DHS-approved assistant aged 14 or older.

Up to two children may also be present who are using part-time hours. (See part-time hours for explanation.)

On days when schools are closed due to emergencies such as inclement weather or physical plant failure, Child Development Home B providers may care for a maximum of 12 children. Whenever more than 8 children are present at any one time for more than two hours, the provider must be assisted by a DHS-approved assistant aged 14 or older. This exception does not apply on non-emergency no-school days, such as in-service, conference, or vacation days.

Provider Requirements

A Child Development Home B provider must:

- ◆ Be at least 20 years old.
- ◆ Have a high school diploma or GED.
- ◆ Meet one of the following requirements:
 - Have two years experience as a non-registered or registered child care home provider.
 - Have a Child Development Associate credential or a two or four year college degree in a child care related field AND one year of experience as a non-registered or registered child care home provider.

Facility Requirements

Fire extinguisher. The home shall have not less than one 2A 10BC rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.

Smoke detectors. The home shall have a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes.

Two exits. The home shall have a minimum of two direct exits to the outside from the main floor. If the second level or the basement of the home is used for the provision of child care, other than the use of a restroom, each additional child-occupied floor shall have at least one direct exit to the outside in addition to one inside stairway. All exits shall terminate at grade level with permanent steps. A basement window may be used as an exit if the window can be opened from the inside without the use of tools and it provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area. The bottom of the opening shall be not more than 44 inches above the floor, with permanent steps inside leading up to the window. Occupancy above the second floor shall not be permitted for child care.

Space. The home shall have a minimum of 35 square feet of child-use floor space for each child in care indoors, and a minimum of 50 square feet per child in care outdoors.

Sick Children. The home shall have a separate quiet area for sick children.

Child Development Home C

Legal reference: Iowa Code section 237A.1(8)“a”; 441 IAC 110.5(237A)

Number of Children in Care

Child Development Home C providers may care for up to 12 preschool children at any one time. Whenever more than eight children are present, both providers, each meeting the individual qualifications for child development home registration as a Child Development Home C provider, must be present.

Of these 12 children, not more than 4 children who are 24 months of age or younger may be in care. Whenever four children under the age of 18 months are in care, both providers, each meeting the individual qualifications for child development home registration as a Child Development Home C provider, must be present. The providers' own preschool age children are included in the total count. The providers' own children attending kindergarten or a higher level are not included in the total count.

In addition to these 12 children, up to two children who attend school may be present for a period of less than two hours at any one time. Up to two children may also be present who are using part-time hours. (See part-time hours for explanation.)

On days when schools are closed due to emergencies such as inclement weather or physical plant failure, Child Development Home C providers may care for a maximum of 16 children. Whenever more than eight children are present at any one time during an emergency school closing day, the provider must be assisted by a DHS-approved assistant aged 18 or older. This exception does not apply on non-emergency no-school days, such as in-service, conference, or vacation days.

Provider Requirements

A Child Development Home C provider must:

- ◆ Be at least 21 years old.
- ◆ Have a high school diploma or GED.
- ◆ Meet one of the following requirements:
 - Have five years experience as a non-registered or registered child care home provider.
 - Have a Child Development Associate credential or a two or four year college degree in a child care related field AND four years of experience as a non-registered or registered child care home provider.

Facility Requirements

Fire extinguisher. The home shall have not less than one 2A 10BC rated fire extinguisher located in a visible and readily accessible place on each child-occupied floor.

Smoke detectors. The home shall have a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway. Each smoke detector shall be installed according to manufacturer's recommendations. The provider shall test each smoke detector monthly and keep a record of testing for inspection purposes.

Two exits. The home shall have a minimum of two direct exits to the outside from the main floor. If the second level or the basement of the home is used for the provision of child care, other than the use of a restroom, each additional child-occupied floor shall have at least one direct exit to the outside in addition to one inside stairway. All exits shall terminate at grade level with permanent steps. A basement window may be used as an exit if the window can be opened from the inside without the use of tools and it provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area. The bottom of the opening shall be not more than 44 inches above the floor, with permanent steps inside leading up to the window. Occupancy above the second floor shall not be permitted for child care.

Space. The home shall have a minimum of 35 square feet of child-use floor space for each child in care indoors, and a minimum of 50 square feet per child in care outdoors.

Sick Children. The home shall have a separate quiet area for sick children.

Determining Allowable Number of Children in Care

The following chart summarizes the limits on the number of children that can be in care for each category of home.

<u>CHILD DEVELOPMENT HOMES</u> NUMBER OF CHILDREN ALLOWED IN CARE						
C A T E G O R Y	Maximum no. of children under 24 months in care <u>at any one time</u>	Total no. of children under school age, including those under 24 months	School age children (attending kindergarten or a higher grade level)	<u>Additional</u> part-time children (These children may be any age, not to exceed the maximum number of children under 24 months)	Maximum capacity	Maximum capacity during inclement weather/emergency school closings
A	4 A maximum of 3 may be under the age of 18 months	6	2 for less than 2 hours at a time	0	8	8
B	4 A maximum of 3 may be under the age of 18 months	6	4 Can be full-time in child care when no school. Assistant is required if more than 8 children are present for more than 2 hours at a time.	2 at any one time	12	12 If more than 8 children are present, must have a 14-year-old assistant.
C	4 Whenever 4 children under the age of 18 months are in care, both providers must be present.	12 If more than 8 children are present, both providers must be present.	2 for less than 2 hours at a time	2 at any one time	16 If more than 8 children are present, both providers must be present.	16 If more than 8 are present, must have 18-year-old assistant.

- These numbers include the provider's infant and preschool children.
- Category B and C providers may use up to 180 part-time hours per month.

For all categories, your own children who have not entered kindergarten **are** counted in the totals.

Exception: If any of your children are being **home-schooled**, they must be counted in the basic number of children, up to the age of 13. Although they are not preschoolers, they are present and require your attention during the day.

Note that children must be attending kindergarten or a higher grade level to be counted as **school-aged** children. The summer before a child enters kindergarten, the child is still counted a preschooler. However, the child is counted as school-aged from the first day of kindergarten on, including days school is not in session and summer vacation.

If you are licensed to provide **foster family care**, any children receiving foster care from you must be counted as if they are your own children. Also, if you are a licensed foster care home, it is mandatory that you be registered if you want to provide child care in your home, regardless of the number of children you wish to care for.

The following chart summarizes the facility, provider, and training requirements for each category of home.

CHILD DEVELOPMENT HOMES FACILITY, PROVIDER, AND TRAINING REQUIREMENTS			
Category	Facility Requirements	Provider Qualifications	Training Requirements
A	A. fire extinguisher B. smoke detectors	A. 18 years old B. 3 reference letters	A. <u>within 1st 3 months:</u> 1. Mandatory reporter training 2. first aid B. <u>1st year of registration</u> 12 hours training, 2 hours must be health and safety C. <u>2nd year and following</u> 12 hours of training
B	A. 35 square foot per child indoors B. 50 square foot of child space outdoors C. quiet area for sick children D. fire safety: 1. fire extinguisher 2. smoke detectors 3. two direct exits	A. 20 years old B. high school diploma or GED C. Meet <u>one</u> of: 1. 2 years experience working directly with children in child care 2. CDA or 2 or 4 year degree in child care related field AND 1 year of experience working directly with children in child care	A. <u>within 1st 3 months:</u> 1. Mandatory reporter training 2. first aid B. <u>1st year of registration</u> 12 hours training, 2 hours must be health and safety C. <u>2nd year and following</u> 12 hours of training
C	A. 35 square foot per child indoors B. 50 square foot of child space outdoors C. quiet area for sick children D. fire safety: 1. fire extinguisher 2. smoke detectors 3. two direct exits	A. 21 years old B. High school diploma or GED A. Meet one of: 1. 5 years experience working directly with children in child care 2. CDA or 2 or 4 year child care related degree AND 4 years experience working directly with children in child care	A. <u>within 1st 3 months</u> 1. Mandatory reporter training 2. first aid B. <u>1st year of registration</u> 12 hours training, 2 hours must be health and safety C. <u>2nd year and following</u> 12 hours of training

PART TIME HOURS

Child Development Home B and C providers are allowed to use part time hours.

It is only necessary to use part-time hours if the number of children in care exceeds the allowable capacity. You may have up to 2 additional preschool and/or school-age children in care who are using part-time hours. You can NEVER exceed the maximum number of children under 24 months of age in care. You may use a maximum of 180 hours of part time care per month, and must show proof of the number of part-time hours used.

1. You are a CDH B provider caring for: one 6-month-old, one 12-month-old, two 19-month-olds, and two 3-year-olds on a full-time basis. A parent asks you to care for their 20-month-old child ten hours per week. You cannot do this, because you are already caring for the maximum number of children under 24 months.
2. You are a CDH B provider caring for: one 6-month-old 20 hours per week, one 6-month-old 10 hours per week, one 9-month-old full-time, and one 22-month-old full time. A parent asks you to care for their 20-month-old child ten hours per week. You can do this, as long as you never have more than four of these children in your care at the same time.
3. You are a CDH C provider caring for: 12 children aged 2 – 4 years. A parent asks you to care for their 3-year-old 25 hours per week. You can do this, and must count these hours in your part time allotment, because the presence of the 13th child puts you over the allowable number of children in care.
4. You are a CDH B provider caring for: two 3-month-olds full time, one 4-year-old full time, and one 3-year-old full time. A parent asks you to care for their 3-year-old child 15 hours per week. You can do this, and do not need to count these as part time hours, because you are within the allowable number of children in care.

Emergency School Closing Exceptions

Additional school-age children may be cared for, over registration capacities, **ONLY** when school is canceled due to an emergency, for example, inclement weather or physical plant failure. For specific number of children allowed in care, refer to “number of children allowed in care” chart. This exception does **not** apply for in-service days, vacations, conferences, etc. Both of the following conditions must be met:

- ◆ Each parent or guardian of children normally in attendance gives written prior approval to have the extra school-agers in care if there is an emergency school closing.

- ◆ Each extra school-aged child either:
 - Is normally enrolled in your home for periods less than two hours, **or**
 - Would be unattended if not in your home, **or**
 - Is a brother or sister of a child your home regularly cares for.

Exception to Total Numbers

A child development home may be registered if the provider is qualified, even though the amount of space required to be available for maximum number of children authorized for that category exceeds the actual amount of space available in that home.

The total number of children authorized for the child development home at that level of registration is limited by the amount of space available per child. The basic number of children permitted for each age group may not be exceeded.

Mrs. M requests registration as a Child Development Home C provider. She meets all of the provider and training requirements. However, the area in her home that she will use for child care totals 300 square feet. She may register as a Child Development Home C provider, but will be authorized to care for only eight children (300 square feet divided by 35 square feet required per child).

TRANSITION EXCEPTIONS

If a currently registered child care provider applies for child development home registration, the following exceptions are allowed:

- ◆ **Infant care.** A currently registered provider who is providing child care to four children under the age of 18 months at the time of their registration as a child development home provider may continue to care for those four children. However, when the child development home provider no longer provides care to one or more of the children or one or more of the children reaches the age of 18 months, the exception no longer applies. The overall limit on the number of children authorized for the level of care remains the same.
- ◆ **School-aged care.** A currently registered provider who is providing child care to more school-aged children than are allowed as a child development home provider, but is in compliance with family/group/group-joint or four-level- child care home regulations may continue to provide care for those specific school-aged children. When the child development home provider no longer provides care to those specific children, the exception no longer applies.

Record Check Procedures

For the protection of children, Iowa Code Chapter 237A requires that to be registered, child care providers and others in the home must submit to checks for criminal or child abuse history.

Absolute Prohibitions

Individuals with the following convictions or founded child abuse reports are prohibited from registration as a child development home provider, employment in a child development home, living in a child development home, receiving public funding for providing child care, or living in a non-registered child care home that receives public funding:

- ◆ Founded child or dependent abuse that was determined to be sexual abuse.
- ◆ Placement on the sex offender registry.
- ◆ Felony child endangerment or neglect or abandonment of a dependent person.
- ◆ Felony domestic abuse.
- ◆ Felony crime against a child including but not limited to sexual exploitation of a minor.
- ◆ A forcible felony.

Five-year Prohibitions

Individuals with the following convictions and founded abuse reports are prohibited from registration as a child development home provider, employment in a child development home, living in a child development home, receiving public funding for providing child care, or living in a non-registered child care home that receives public funding for five years from the date of the conviction or founded abuse report:

- ◆ Conviction of controlled substance offense under Iowa Code Chapter 124.
- ◆ Founded child abuse that was determined to be physical abuse.

Individuals with these convictions or founded child abuse reports may reapply after the five-year period has passed.

Individuals with other founded child abuse reports or criminal convictions may be approved for registration, employment, or residence, depending on the Department's evaluation of the incident.

Criminal Records Check

Criminal records checks must be completed before a home can become registered as a child development home. Under Iowa law, form 595-1396, *State of Iowa DHS Criminal History Record Check, Form B*, must be completed by:

- ◆ Every operator of a child development home.
- ◆ All staff members, including substitute providers, with direct responsibility for child care.

- ◆ Anyone 14 years and older who is living in the child development home.
- ◆ Anyone who might have access to a child when the child is alone.

The child care provider is responsible for the completion of all required criminal record check forms.

Child Abuse Registry Check

Child abuse registry checks must be completed before a home becomes registered as a child development home. A child abuse registry check is to be completed on:

- ◆ Every operator of a child development home.
- ◆ All staff members, including substitute providers, with direct responsibility for child care.
- ◆ Anyone 14 years and older who is living in the child development home.
- ◆ Anyone who might have access to a child when the child is alone.

The child abuse registry check is initiated by the completion of form 470-0643, *Request for Child Abuse Information*, by the local Department of Human Services child care registration worker. The information needed to complete the 470-0643 is taken from the completed application for child development home registration.

Record Check Evaluations

The person having a record of criminal conviction or founded abuse will be sent form 470-2310, *Record Check Evaluation*, to complete and return to the child care worker. This form must be returned to the Department within ten days. If the form is not returned within ten days, you will be sent a *Notice of Decision* denying or revoking your child development home registration.

If the Department receives the completed *Record Check Evaluation* within ten days, the Department will evaluate the criminal conviction or founded child abuse record as required under Iowa Code Section 237A.5. The purpose of the evaluation is to determine whether or not the criminal conviction or founded child abuse merits prohibition of employment, registration, or residence in a child development home. Based on the evaluation results, a registration may be approved, denied, or revoked.

Mandatory Reporting of Child Abuse

Under Iowa Code Section 232.69, it is mandatory for you to report to the Department of Human Services immediately when you discover signs of abuse in the course of caring for a child. The operator of a child development home or the assistant or substitute must make both an oral and a written report when there is reason to suspect that the child has suffered child abuse.

The first step in reporting suspected child abuse is to call your local Department of Human Services or call toll-free any time, day or night: 1-800-362-2178. This oral report must be made within 24 hours. If the child's life is in immediate danger, call the police.

The written report must follow within 48 hours of the oral report. By law, the oral and written reports must contain:

- ◆ The name and home address of the child and of the child's parents or other persons responsible for the child's care.
- ◆ The child's age.
- ◆ The child's present whereabouts, if not the same as the parent's or other person's home address.
- ◆ The nature and extent of the child's injuries, including any evidence of previous injuries.
- ◆ The names of other children in the same home.
- ◆ Any other information that the person reporting believes might be helpful in establishing the cause of the injury to the child, the identity of the persons responsible for the injury, or the identity of the persons providing assistance to the child.

People who make a child abuse report or cooperate in the investigation of a report have immunity from any civil or criminal liability, if they report or cooperate in good faith. Any mandatory reporter who knowingly fails to report suspected child abuse is civilly liable for damages caused by not reporting. Failure to report is also a misdemeanor offense.

You must advise all new staff of their mandatory reporter status within 30 days of hire. All staff must obtain the mandated two hours of approved child abuse training within three months of employment and every five years thereafter.

Additional Recommendations to Consider

The minimum requirements are basic in providing quality child care in child development homes. The following recommendations are not requirements, but they are suggestions for improving the quality of child care programs and for improving the child care home administration.

- ◆ Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you:
 - Zoning code
 - Building code
 - Fire code
 - Business license
 - State and federal income tax
 - Unemployment insurance
 - Workers' compensation
 - Minimum wage and hour requirements
 - OSHA
 - Americans with Disabilities Act (ADA)
- ◆ Give orientation to new staff assistants and substitutes. Include not only their child caring responsibilities, but also information on your own methods of child care, the special needs of particular children, and plans for emergencies such as fire, injuries, a sick child, etc.
- ◆ Educate all staff about recognizing and reporting child abuse, and about their own vulnerability, as caretakers, to becoming the alleged perpetrator in a child abuse case.
- ◆ Have another dependable adult, such as a near-by neighbor, available in case of emergency when a staff assistant is not present.
- ◆ Use training or educational opportunities to increase your child care skills, especially in the areas of first-aid principles, child development, and program activities.
- ◆ Discuss liability and medical insurance with your insurance agent. Insurance is a safeguard for all concerned with child care.
- ◆ Use a parent/provider agreement form or contract with parents. It promotes mutual understanding and provides protection.
- ◆ Provide parents with a copy of your policies.
- ◆ Discuss possible consultation and referral with parents who have children with special needs.

- ◆ Install working carbon monoxide detectors in the child development home.
- ◆ Provide for napping in areas separate from other ongoing activities for all children not yet attending school.
- ◆ Limit TV viewing and use only in balance with other suitable enriching and active experiences.

We are pleased to have you participate in the registration program. If you have any questions concerning the minimum requirements or need help in setting up or improving your program, please feel free to ask for consultation from a child care worker in your local Department of Human Services office or from your local Child Care Resource and Referral Agency.

NUTRITION AND SANITATION

INFANT MEAL PATTERN REQUIREMENTS

Iowa Child Care Food Program




The first year of life is divided into three; four-month age groupings with appropriate meal guidelines for each group. Although the meal pattern specifies breakfast, lunch, supper and snack, this may not match each baby's feeding pattern. Babies seldom accept rigid eating schedules and may need to eat every 2 to 4 hours. Babies should be fed when hungry, "on demand" or "on cue."

A range of food amounts is listed to allow flexibility, based on each baby's appetite. Babies vary from day-to-day in the amounts they actually eat. The amounts listed are the **minimum** you must serve to meet requirements except for breast milk. You may serve larger portions to babies who want more than these amounts. Some babies may want less and should never be forced to finish what is in the bottle or what is spoon-fed. Let babies determine how much they will eat and learn the individual cues each baby uses to show hunger or fullness.

Infants must be held when they are fed and should never be left with a propped-up bottle. Juice should not be offered to infants until they are ready to drink from a cup. Bottle feeding of juice or bedtime bottles may cause baby bottle tooth decay.

Solid foods are optional for infants four through seven months of age, and should be introduced only if the infant is developmentally ready. Solid foods should be introduced one at a time to help detect allergies.

Breast milk or iron-fortified infant formula must be served for the entire first year. If a center or home serves any infant meals, then parents of all infants under age 1 yr. must be offered the option of at least one iron fortified infant formula, which will be provided by the center or home.

Age of Baby	Breakfast	Lunch and Supper	Snack
Birth through 3 months 	4-6 fluid ounces (fl oz) breast milk ^{1,2} or formula ³	4-6 fl oz breast milk ^{1,2} or formula ³	4-6 fl oz breast milk ^{1,2} or formula ³
4 months through 7 months 	4-8 fl oz breast milk ^{1,2} or formula 0-3 Tbsp. Infant cereal ^{3,4} (optional)	4-8 fl oz breast milk ^{1,2} or formula ³ 0-3 Tbsp. Infant cereal ^{3,4} (optional) 0-3 Tbsp. fruit and/or vegetable (optional) ⁴	4-6 fl oz breast milk ^{1,2} or formula
8 months through 11 months 	6-8 fl oz breast milk ^{1,2} or formula ³ 2-4 Tbsp. Infant cereal ³ 1-4 tbsp. fruit and/or vegetable	6-8 fl oz breast milk ^{1,2} or formula ³ and 2-4 Tbsp Infant cereal ³ and/or 1-4 Tbsp. meat, fish, poultry, egg yolk, cooked dry beans or peas; or 1/2-2 oz. cheese; or 1-4 oz. cottage cheese, cheese food, or cheese spread; and 1-4 Tbsp. fruit and/or vegetable	2-4 fl oz breast milk ^{1,2} or formula ³ or fruit juice ⁵ 0-1/2 slice of bread ^{4,6} or 0-2 crackers ^{4,6} (optional)

¹It is recommended that breast milk be served in place of formula from birth through 11 months.

²For some breast-fed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry.

³Infant formula and dry infant cereal shall be iron fortified.

⁴A serving of this component is required only when the infant is developmentally ready to accept it.

⁵Fruit juice shall be full-strength.

⁶Bread and bread alternates shall be made from whole-grain or enriched meal or flour.



Iowa
Child and Adult Care Food Program

MEALTIME SANITATION IN CHILD DEVELOPMENT HOMES

Meals must be prepared and served to children in care in a safe and sanitary manner.

Provider and Child Cleanliness

- Teach children how to wash their hands with soap and running water.
- Supervise children's hand washing.
- Children's hands should be washed before/after mealtime and before they help with a food activity.
- Liquid soap and paper towels are recommended.
- Wash your hands well with soap and water before preparing foods or serving meals, using the toilet, after helping children with toileting, changing diapers, etc.
- Wear clean clothes each day.

Food Storage

- Store foods in covered containers in the refrigerator.
- Put frozen meats into a pan before placing them in the refrigerator to thaw.
- Store foods and cleaning supplies in separate cupboards.
- Store cleaning supplies in a cupboard that is locked.
- Place thermometers in a visible location in the refrigerators and freezers. Check the temperature frequently.
 - a) Keep refrigerator temperature between 32° - 40° F.
 - b) Keep freezer temperature at 0° F or less.
- Clean dry food storage areas, refrigerator, and freezer frequently.

Meal Preparation and Service

- Give children clean utensils and napkins if these items are dropped during meal service.
- Discard cracked or chipped plates, cups, bowls, etc.
- Serve foods on a plate or napkin or in a bowl rather than directly on the table.
- Wash and sanitize counters and tables used for preparing and serving meals to children before and after use.
- Keep pets in another room or outside when meals are being prepared and served to children.
- Rinse fruits and vegetables thoroughly before use.
- Prepare, store, and serve foods in a place separate from diaper changing area.
- Thaw frozen foods in the refrigerator, not on the kitchen counter.
- Do not use home-canned foods when preparing meals for children in care.
- Promptly put away frozen and cold foods after purchasing.
- Cook foods to the appropriate temperature. Use of a food thermometer is recommended.
- Serve hot and cold foods at appropriate temperatures.

Infants

- The Home Provider should make bottles of formula on the day of use.
- Label each bottle with the infant's name and date.
- Do not warm infant food/bottles in a microwave.
- Do not feed infants from the jar of infant food. Put the food in a separate dish to feed the infant.

Food Purchasing

- Use inspected meats.
- Use pasteurized milk.
- Use pasteurized 100% juices.
- Do not buy or use leaking or bulging cans of food.

Dishwashing

- If a dishwasher is used, the rinse temperature should be 180° F to sanitize dishes.
- To wash and sanitize dishes without a dishwasher:
 1. Rinse or scrape.
 2. Wash in hot sudsy water.
 3. Rinse in clear water.
 4. Sanitize dishes by:
 - a) complete immersion for 2 minutes in a lukewarm solution of 1½ tsp. bleach per gallon of water, **or**
 - b) complete immersion in 170° water for at least 30 seconds.
 5. Air dry. Do not towel dry dishes.
- Wash utensils before using them to work with a different food. Use a different utensil for cooking raw meat.
- Wash and sanitize cutting boards before using and after each use for different foods.
- Wash and sanitize can openers after each use.

Garbage

- Throw out leftovers from children's plates.
- Cover garbage and use liners.

11/02



Iowa
Child and Adult Care Food Program

WASH HANDS FOR GOOD HEALTH

Most experts agree that the single most effective practice that prevents the spread of germs in the child care setting is good handwashing by child care providers, children, and others. Some activities expose children and providers to germs or provide the opportunity to spread them. You can stop the spread of germs by washing your hands and teaching the children in your care good handwashing practices.

WHEN HANDS SHOULD BE WASHED

Children and infants:

- Upon arrival at child care setting.
- Immediately before and after eating.
- After using the toilet or having their diapers changed.
- Before using water tables.
- After playing on the playground.
- After handling pets, pet cages, or other pet objects.
- Whenever hands are visibly dirty.
- Before going home.

Providers:

- Upon arrival at work.
- Immediately before handling food, preparing bottles, or feeding children.
- After using the toilet, assisting a child in using the toilet, or changing diapers.
- After contacting a child's body fluids, including wet or soiled diapers, runny noses, spit, vomit, etc.
- After handling pets, pet cages, or other pet objects.
- Whenever hands are visibly dirty or after cleaning up a child, the room, bathroom items, or toys.
- After removing gloves for any purpose. *
- Before and after giving or applying medication or ointment to a child or self.
- After working outside.
- After handling raw eggs, fresh meat or poultry.
- After smoking.
- At the end of the child care work day.

* If gloves are being used, hands should be washed immediately after gloves are removed even if hands are not visibly contaminated. Use of gloves alone will not prevent contamination of hands or spread of germs and should not be considered a substitute for handwashing.

HOW TO WASH HANDS

- Always use warm, running water, not a mild, preferably liquid soap. Anti-bacterial soaps may be used, but are not required. Pre-moistened cleaning towelettes, and hand sanitizers do not effectively clean hands and do not take the place of handwashing.
- Put the hands under running water to get them wet. Apply a small amount (dime to quarter size) of liquid soap to the hands.
- Rub hands together vigorously until a soapy lather appears and continue for at least 15 second. Be sure to scrub between fingers, under fingernails, around rings and over the backs and palms of the hands.
- Rinse hands under warm running water. Leave the water running while drying hands.
- Dry hands with a clean, disposable (or single use) towel, being careful to avoid touching the faucet handles or towel holder with clean hands.
- Turn the faucet off using the towel as a barrier between your hands and the faucet handles.
- Discard the used towel in a trash can lined with a fluid-resistant (plastic) bag. Trash cans with foot-pedal operated lids are preferable.
- When assisting a child with handwashing, either hold the child (if an infant) or have the child stand on a safety step at a height at which the child's hands can hang freely under the running water. Assist the child in performing all of the above steps and then wash your own hands.

TEACH CHILDREN

Make sure children learn the proper way to wash their hands. Since germs can't be seen without a microscope, children may think they only need to wash their hands when they look dirty. Emphasize the importance of washing hands before eating, after toileting, playing outside or touching animals, etc.

Children learn best by example, so everyone in the child care should practice proper handwashing. Encourage children to do a good job of washing their hands, and praise them when they do. Use songs, stickers and hand washing signs made by the children to make handwashing fun.

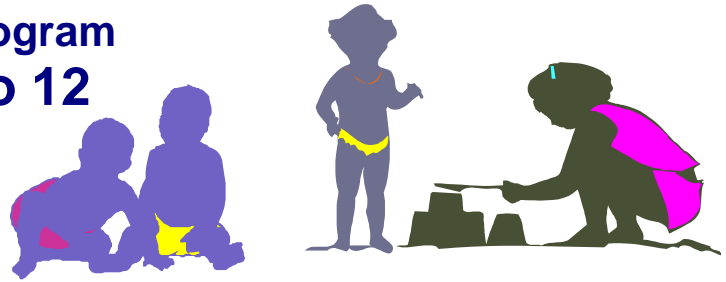
Handwashing Song

(Sing to Row, Row, Row Your Boat)

**Wash, wash, wash your hands,
Play our handy game,
Rub and Scrub and Scrub and Rub,
Germs go down the drain!**

Iowa Child and Adult Care Food Program

Foods for Children Ages 1 to 12



	Ages 1-2	Ages 3-5	Ages 6-12
BREAKFAST			
Milk	½ cup	¾ cup	1 cup
Juice or Fruit or Vegetable ¹	¼ cup	½ cup	½ cup
Grains and Bread ²	½ serving/slice	½ serving/slice	1 serving/slice
Including cereal, cold dry or cooked cereal	¼ cup*	1/3 cup**	¾ cup***
	¼ cup	¼ cup	½ cup
SNACK (Select 2 out of the 4)			
Milk	½ cup	½ cup	1 cup
Juice or Fruit or Vegetable ¹	½ cup	½ cup	¾ cup
Meat or Meat Alternate ³	½ ounce	½ ounce	1 ounce
Grains or Bread or Alternate ²	½ serving/slice	½ serving/slice	1 serving/slice
or cereal, cold dry or cooked cereal, rice, pasta	¼ cup*	1/3 cup**	¾ cup***
	¼ cup	¼ cup	½ cup
LUNCH OR SUPPER			
Milk	½ cup	¾ cup	1 cup
Meat or Poultry or Fish or egg	1 ounce	1 ½ ounces	2 ounces
or cheese	1	1	1
or cheese food, cheese spread	1 ounce	1 ½ ounces	2 ounces
or yogurt	2 ounces	3 ounces	4 ounces
or cottage cheese	½ cup	¾ cup	1 cup
or cooked dry beans/peas	¼ cup	3/8 cup	½ cup
or peanut butter	¼ cup	3/8 cup	½ cup
or nuts and/or seeds ⁴	2 Tbsp.	3 Tbsp.	4 Tbsp.
2 Vegetables and/or fruits to total ¹	Not recommended	Not recommended	1 ounce
Grains or Bread or Alternate ²	¼ cup	½ cup	¾ cup
cooked rice, noodles or pasta	½ serving/slice	½ serving/slice	1 serving/slice
	¼ cup	¼ cup	½ cup

¹ Juices must be at least 50% juice.

² Use whole grain, enriched or fortified breads, cereals, or pasta. See the Handy Creditable Foods List for amounts.

³ May include any of the meat alternates listed under "lunch." Recalculate the appropriate amount for snack.

⁴ Caution, children under 5 should not be served nuts. Older children may have up to 1 ounce of nuts or seeds at any one meal.

*1/4 C or 1/3 oz, whichever is less.

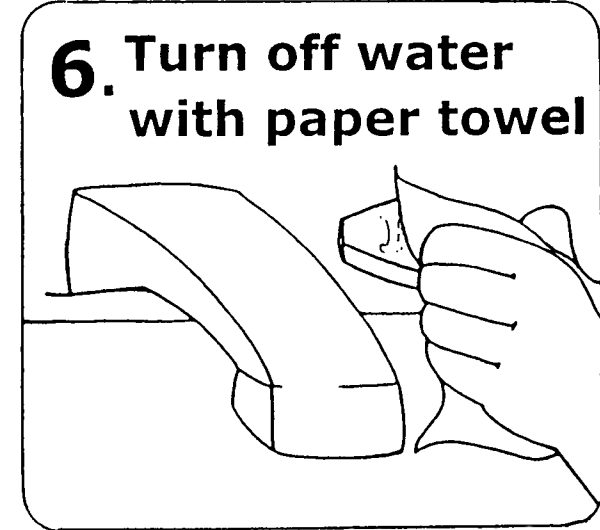
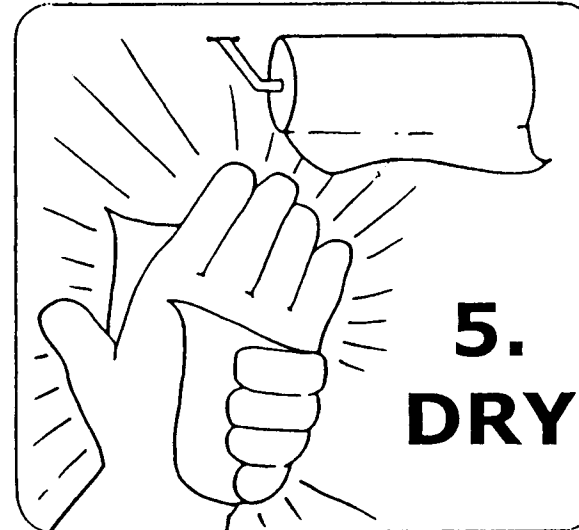
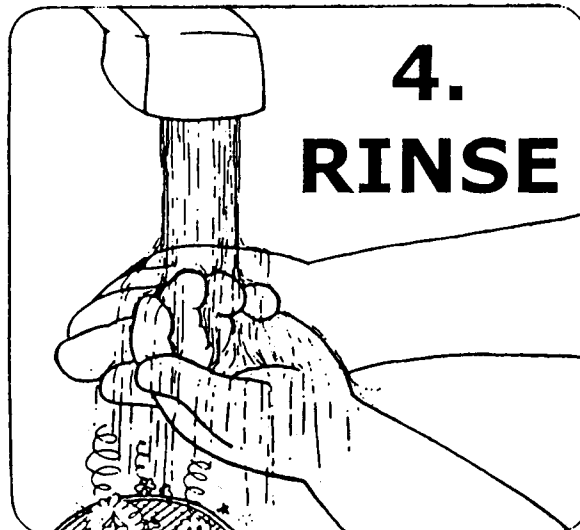
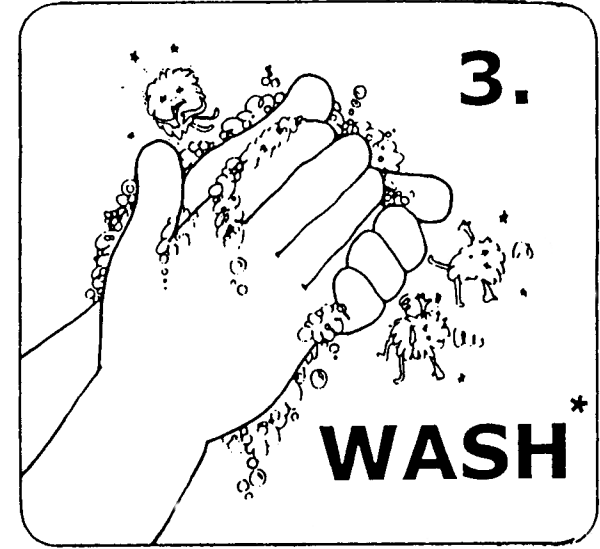
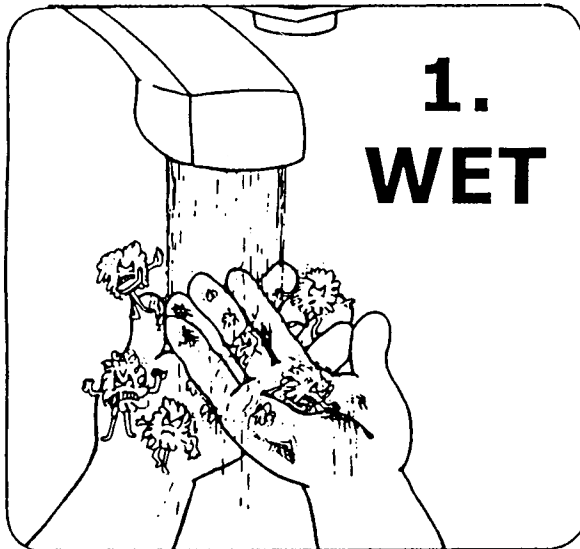
**1/3 C or ½ oz, whichever is less.

***3/4 C or 1 oz, whichever is less.



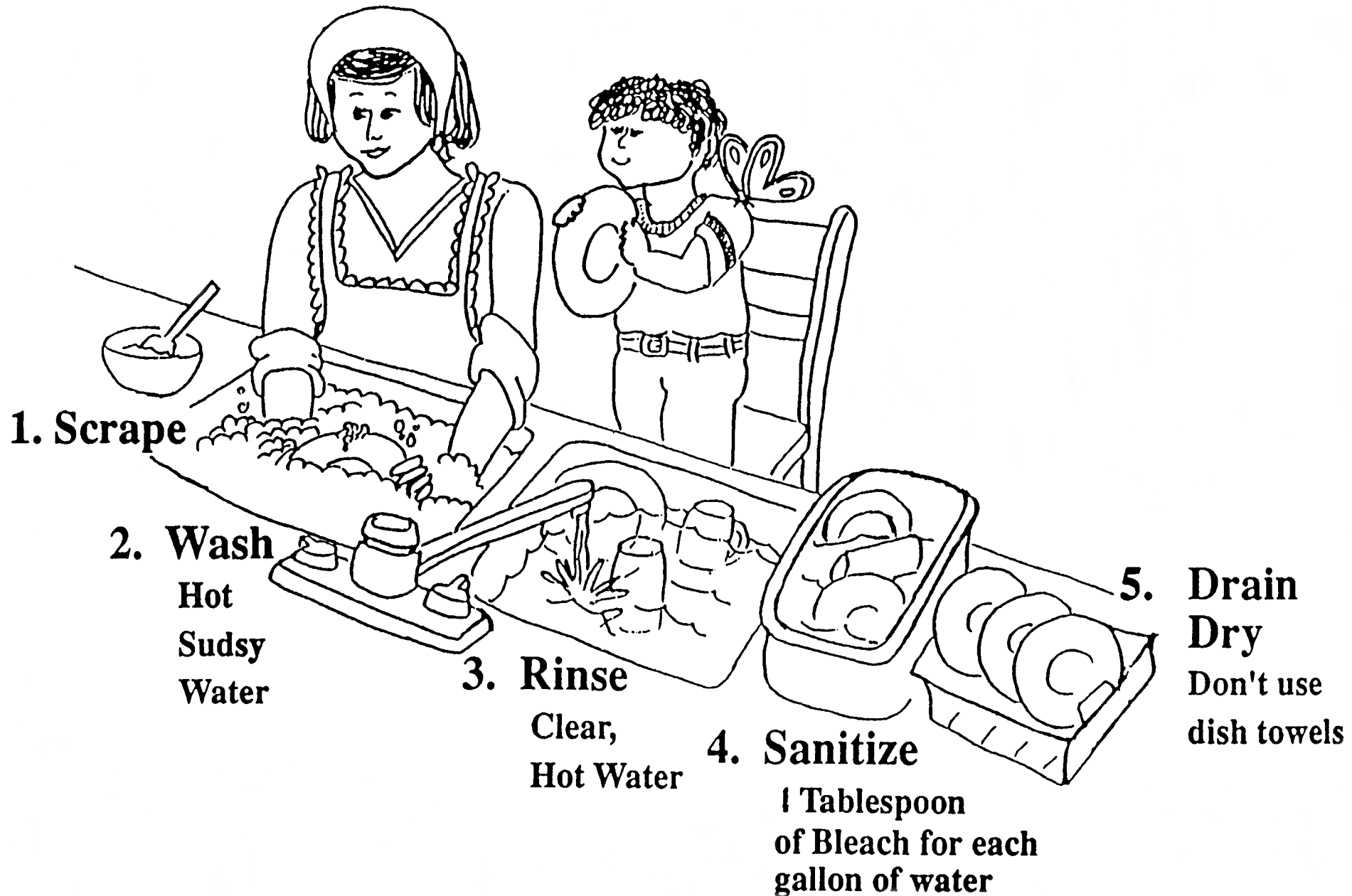
Be a Germ - Buster...

WASH YOUR HANDS!



*Wash for 20 seconds (sing two times – Happy Birthday..., or Row, row, row your boat, or Wash, wash, wash your hands, play this happy game, rub & scrub, rub & scrub, germs go down the drain)

Clean Dishes



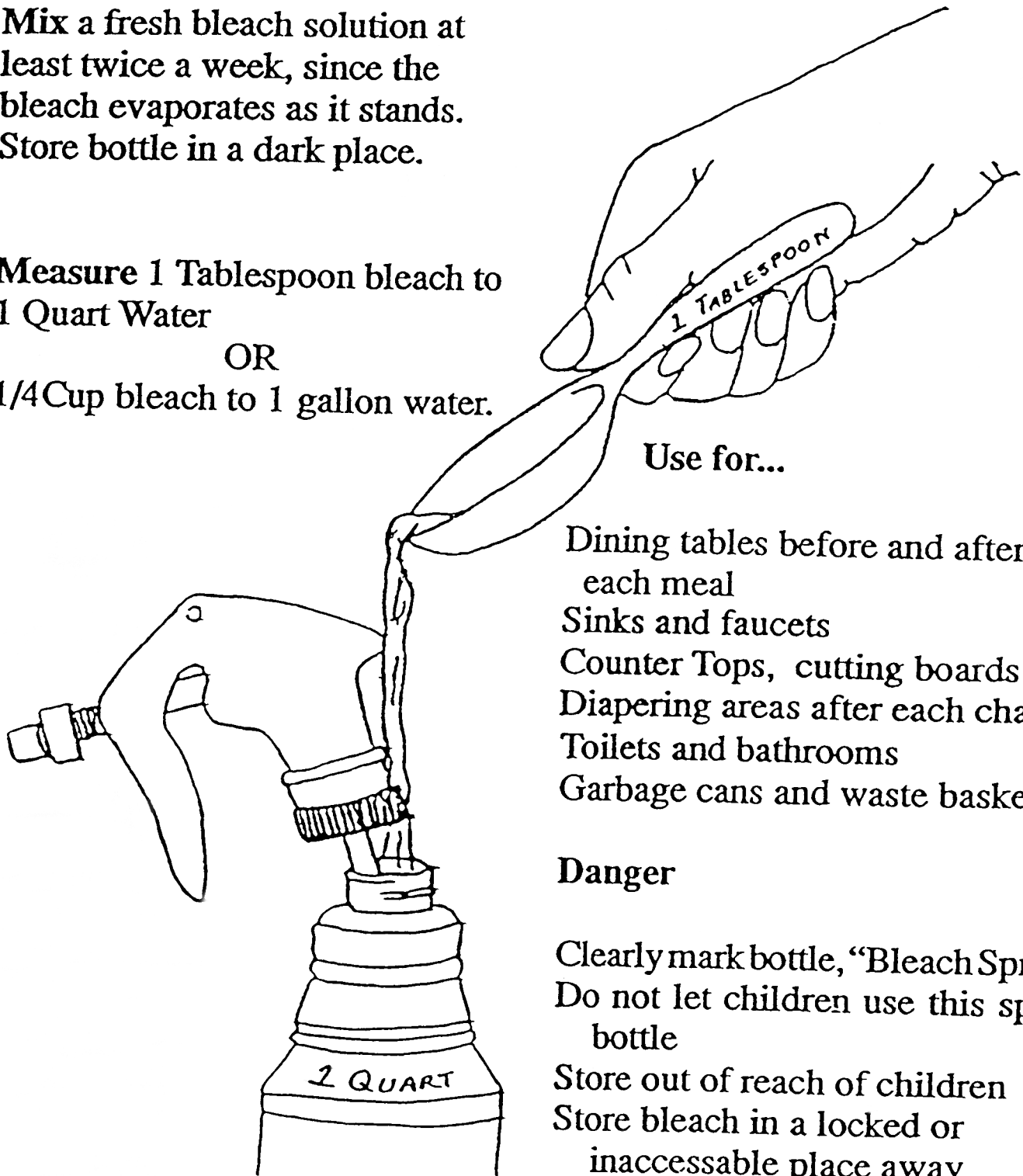
Spray Sanitizer

Mix a fresh bleach solution at least twice a week, since the bleach evaporates as it stands. Store bottle in a dark place.

Measure 1 Tablespoon bleach to 1 Quart Water

OR

1/4 Cup bleach to 1 gallon water.



Use for...

- Dining tables before and after each meal
- Sinks and faucets
- Counter Tops, cutting boards
- Diapering areas after each change
- Toilets and bathrooms
- Garbage cans and waste baskets

Danger

- Clearly mark bottle, "Bleach Spray"
- Do not let children use this spray bottle
- Store out of reach of children
- Store bleach in a locked or inaccessible place away from food

HEALTH AND SAFETY RECOMMENDATIONS

Best Practice for Child Development Homes

—Note—

Most of the information in this section comes from *Caring for our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs*, Second Edition, 2002. Available at <http://nrc.uchsc.edu/CFOC/index.html>. This information is best practice for the health and safety of children in your care.

HEALTH AND SAFETY RECOMMENDATIONS

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Cardiopulmonary Resuscitation (CPR)

Child care providers who use swimming pools must be trained in infant and child CPR. This training is also recommended for providers who use wading pools. Providers who care for children with heart problems should also be trained in infant and child CPR.

REASON: The need for cardiac resuscitation is rare. Children who have specific heart problems, such as cardiac arrhythmia, or children who are drowning in cold water (swimming pools, wading pools), require cardiac resuscitation. Except for these two situations, the heart does not stop beating until respiratory failure occurs and causes permanent brain damage. Child development home providers often work alone and are solely responsible for the health and safety of children in care. You should have the necessary skills to manage any emergency while caring for all children in the group.

COMMENTS: Contact your child care resource and referral agency about the training schedule for CPR.

First Aid Training

The National Standards define first aid as the first steps you take when responding to an injury or sudden illness. First aid also includes the emergency care and treatment of a child before medical help arrives. In Iowa, first aid training is required for child development home providers. The training includes rescue breathing (mouth-to-mouth) and first aid for choking (management of a blocked airway). Rescue breathing is the process of breathing air into the lungs of a person who has stopped breathing. This process is also called artificial respiration.

COMMENTS: Contact your child care resource and referral agency about the training schedule for first aid.

Suggested First Aid Supplies

First aid kits need to be readily available wherever children are in care. This includes one kit for vehicles used to transport children and one to remain at home. Here are some characteristics for first aid kits:

- ◆ A kit should be a closed container for storing first aid supplies.
- ◆ A kit should be available to your staff members at all times.
- ◆ Each kit must be out of reach of children.

The first aid kit should contain *at least* the following items:

- ◆ Adhesive strip bandages, plastic bags for cloths, gauze, and other materials used in handling blood
- ◆ American Academy of Pediatrics (AAP) standard first aid chart or equivalent first aid guide
- ◆ Bandage tape
- ◆ Coins for use in a pay phone
- ◆ Cold pack
- ◆ Disposable nonporous gloves (similar to gloves used in hospitals; also called latex gloves)
- ◆ Emergency medication needed for children with special needs
- ◆ Emergency phone numbers
- ◆ Parents' home and work phone numbers
- ◆ Poison Control Center phone number 1-800-222-1222
- ◆ Eye dressing
- ◆ Flexible roller gauze
- ◆ Liquid soap
- ◆ Non-glass thermometer to measure a child's temperature
- ◆ Pen/pencil and note pad
- ◆ Safety pins
- ◆ Scissors
- ◆ Small plastic or metal splints
- ◆ Sterile gauze pads
- ◆ Triangular bandages
- ◆ Tweezers
- ◆ Water

First aid kits must be refilled after each use.

REASON: As the provider, you are responsible for protecting each child and making sure that your staff members can handle emergencies. First aid was adequate treatment for 84.4% of the injuries in a study that reviewed 423 injuries. The supplies needed for child first aid should be on hand for use where the injury occurs.

COMMENTS: You can leave a first aid kit in all vehicles used to transport children.

Gun (Firearm) Safety

The National Standards recommend that the following not be permitted:

- ◆ Firearms
- ◆ Pellet or BB guns (loaded or unloaded)
- ◆ Darts
- ◆ Bows and arrows
- ◆ Toy guns and weapons

If these items are present, they must:

- ◆ Be unloaded
- ◆ Be equipped with child protective devices
- ◆ Be kept under lock and key in areas the children cannot access

For best practice, let parents know about this policy.

REASON: From 1990-1998 in Iowa, 47 children under the age of 14 died because of firearms. Children have a natural curiosity, especially about firearms. They see weapons glamorized on television. The risk for injury and death of young children due to firearms is becoming more obvious. Children cannot make the distinction between a toy and a real weapon. The potential for a tragic accident is great. These items should not be available to children.

Health-Related Emergencies Policy

You should have a written policy outlining the procedures and actions you will take in the event of a health-related emergency. The policy should address the following:

- ◆ First aid measures
- ◆ Contacting emergency medical services
- ◆ Transporting of an ill or injured child
- ◆ Contacting parents
- ◆ Care for the other children in your care during the emergency

COMMENTS: Assistance with developing policies is available from your child care health consultant at your child care resource and referral agency.

Hot Tubs and Natural Bodies of Water

The National Standards say that children should not be permitted in hot tubs, spas, or saunas. Toddlers and infants are especially at risk of overheating. These areas should be secured so that children do not have unsupervised access. Bathtubs, buckets, diaper pails, and other pails of water should be emptied immediately after use. Portable wading pools are not recommended. A national study concluded the following:

- ◆ Infants are most likely to drown in bathtubs
- ◆ Toddlers are most likely to drown in swimming pools
- ◆ Older children and adolescents are most likely to drown in freshwater (rivers, lakes, ponds)

Children who need assistance with toileting should not be allowed in toilet or bathroom areas without direct visual supervision. Children under age five should not be left unattended in a bathtub or shower.

REASON: These safety measures prevent injury and drowning. Small children can drown within 30 seconds in as little as two inches of liquid. Any body of water, including hot tubs, pails, bathtubs, and toilets present a drowning risk to young children. An estimated 50 infants and toddlers drown each year in buckets containing liquid used for mopping floors and other household chores. Of all buckets, the five-gallon size is the most dangerous for young children because of its tall straight sides and its weight with even just a small amount of liquid. Top-heavy infants and toddlers cannot free themselves when they fall into a five-gallon bucket headfirst. Small portable wading pools do not permit enough control of sanitation and safety. They promote spread of infectious diseases. While swimming pools pose the greatest risk for toddlers, about one-fourth of toddler drownings are in other freshwater sites, such as ponds or lakes. The American Academy of Pediatrics recommends:

- ◆ Swimming lessons for all children over age five
- ◆ Constant supervision of infants and young children when they are in the bathtub or around other bodies of water
- ◆ Installation of fencing that separates homes from residential pools
- ◆ Use of personal flotation devices when riding on a boat or playing near a river, lake or ocean
- ◆ Teaching children the dangers of drug and alcohol consumption during aquatic activities
- ◆ Stressing the need for parents and teens to learn cardiopulmonary resuscitation

COMMENTS: Sprinklers, hoses, or small individual water buckets are safe alternatives as a cooling or play activity. Flotation devices should never be used as a substitute for supervision. The need for constant supervision is especially important for very young children and children with physical disability or mental retardation. Knowing how to swim does not make a child drown-proof.

Handling and Storing Human Milk

Child care providers often worry about handling human milk and the possible spread of infection. Human milk may carry various bacteria or virus. The Centers for Disease Control and Prevention now know that people handling human milk in child care settings are at low risk of getting an infection from human milk. Universal (standard) precautions are no longer recommended when feeding or handling human milk. Gloves are not required for feeding human milk or for cleaning up spills of human milk.

Ill Children Policy

You should have a written policy outlining the procedures and actions you will take in the event of a child becoming ill while in your care. The policy may also address the event of a parent bringing an ill child to you for care. Your policy should be based on your knowledge, skills, and level of comfort in caring for ill children. You, parents, and your child care health consultant should work together to develop your policy. Consider including the following items as you develop your policy:

- ◆ Signs and symptoms of illness to help determine if the child should stay in your care or be excluded
- ◆ Methods for keeping parents informed about the health status of their child
- ◆ Record keeping to document the ill child's health status during the day
- ◆ Special comfort measures you are willing to take for an ill child (like offering soft or bland foods, a quiet supervised rest area, and giving medications)

COMMENTS: You have the authority to determine when children are too ill to be in your child development home. When considering caring for an ill child, you must consider the well being of all children in your care.

Immunizations for Child Care Providers

Iowa's rule for child development home registration requires providers to have current immunization or immune status for these six diseases:

- ◆ Measles
- ◆ Mumps
- ◆ Rubella
- ◆ Diphtheria
- ◆ Tetanus
- ◆ Polio

You should talk with your health-care provider about other immunizations. Other immunizations include varicella (chickenpox), influenza, pneumonia, hepatitis A, and hepatitis B. You should talk with your health-care provider and determine if you live in a high-risk area for hepatitis A.

The National Standards suggest that child care providers also receive the following immunizations:

- ◆ Varicella (also known as chickenpox)
- ◆ Hepatitis A
- ◆ Hepatitis B
- ◆ Influenza
 - Suggested for adults age 50 and older
- ◆ Pneumococcal (for pneumonia)
 - Suggested for adults age 65 and older

REASON: Healthy adults, caring for children, have a greater risk of getting sick. These infections can be prevented by vaccines but are still a cause of death and disease for adults. Child care providers are at great risk for contracting these diseases when working with children. Vaccines are safe and effective in preventing these diseases. Adults need vaccines to decrease disease and to remove possible sources that spread disease to children.

COMMENTS: Contact your health-care provider if you have questions about your immunizations or your immune status.

Infant Sleeping Positions

As a registered home provider, you are required to place children under the age of one year on their backs to sleep (Iowa Administrative Code). A **physician** may prescribe a different sleep position for children with special needs. *The National Standards* state that all infants must be placed on their backs to sleep unless a physician has prescribed a different sleep position. For naps and nighttime sleeping, infants should:

- ◆ Be placed on their backs
- ◆ Be placed on a firm mattress
- ◆ Be placed in individual infant cribs
- ◆ Have no soft bedding, pillows, blankets, bumper pads, and stuffed animals in the crib
- ◆ Sleep at a room temperature of 65-75° F

Infants who sleep on their backs on a firm surface have a reduced risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexpected death of a seemingly healthy infant. SIDS usually occurs between the ages of three weeks and five months. Physicians are still not certain what causes SIDS. Sleep position and exposure to secondhand smoke are related to SIDS deaths. When infants can easily turn over from their backs to their “tummies,” they should be put down to sleep on their backs but allowed to choose which sleeping position they prefer.

REASON: Placing infants to sleep on their backs instead of their stomachs has been associated with a dramatic decrease in deaths from SIDS. When infants develop the motor skills to move from their backs to their sides or stomachs, it is safe to put them to sleep on their backs and allow them to change to whatever position makes them comfortable. Once the child has learned to turn over easily from back to stomach, it is not recommended that you move sleeping infants onto their backs. If a child has an illness or a disability that leads to airway obstruction in the back sleeping position, parents should give you a physician's note telling you the need for stomach sleeping and any other special arrangements required for that child.

COMMENTS: Infants who are back-sleepers at home but are put to sleep on their tummies in child care have a higher risk of SIDS. "Tummy time" when the child is awake and observed helps muscle development. It also reduces the tendency for back positioning to flatten the back of the head. Alternatives to blankets include sleepers or other sleep clothes.

Lead Poisoning

The Iowa Department of Public Health Lead Poisoning Prevention Program recommends that owners of child development homes built before 1960 conduct a visual assessment of the building for lead-based paint hazards. The purpose of this section is to explain why lead is a hazard to young children and to explain how to visually check a building for lead-based paint hazards.

What is Childhood Lead Poisoning?

Childhood lead poisoning is a disease that occurs when children have too much lead in their bodies. Most children with lead poisoning do not look sick. Lead-poisoned children may:

- ◆ Be easily excited
- ◆ Have problems paying attention
- ◆ Complain of stomachaches and headaches
- ◆ Be more tired than usual

Lead-poisoned children may have learning problems when they start school. Children with very high lead levels may have severe brain damage or even die.

How Do Children Become Lead-Poisoned?

Lead poisoning is usually caused by lead-based paint found in homes built before 1960. Over 50% of the homes in Iowa, both in urban and rural areas, were built before 1960.

Children who live in or visit these homes become lead-poisoned if they:

- ◆ Put lead-based paint chips in their mouths
- ◆ Put dust or dirty hands, toys, bottles, or pacifiers in their mouths
- ◆ Chew on surfaces painted with lead-based paint
- ◆ Play in dirt or a sandbox near an old building or where an old building was torn down
- ◆ Breathe in dust from lead-based paint that is being sanded, scraped, or removed with a heat gun

Is Lead Poisoning a Problem in Iowa?

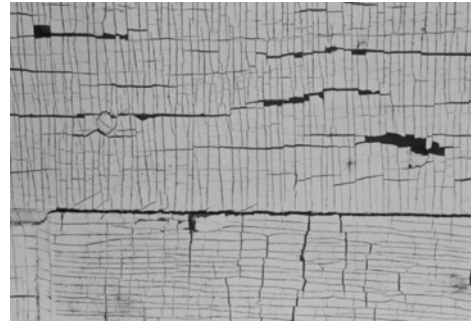
In Iowa, one child in every seven is lead poisoned. Among the group of children born from January 1, 1991 through December 31, 1995, 37% had at least one blood lead test before age six. Of children tested, 13% had elevated blood lead levels. This is nearly three times the national average of 4.4%.

What is a visual assessment? Who can do the visual assessment?

In a visual assessment, you will assume that all of the paint in the building is lead-based paint. You do not need to hire someone to do the visual assessment for you. If you want to test surfaces to see if they actually have lead-based paint on them, you need to hire a lead inspector/risk assessor who is certified by the Iowa Department of Public Health. Since this can be costly, we recommend that **you** conduct the visual assessment. The Iowa Department of Public Health has a publication for child care providers that explains how to do the assessment. For a copy of this, call the Lead Poisoning Prevention Program at 1-800-972-2026.

Examples of Lead Hazards

Lead-based paint is a hazard to small children if it is peeling, chipping, chalking, cracking, or otherwise deteriorating. When paint chips off these surfaces, all layers of paint usually come off together. This is a hazard that can cause lead poisoning because the bottom layers of paint may contain lead – even if the surface has been repainted with lead-free paint.

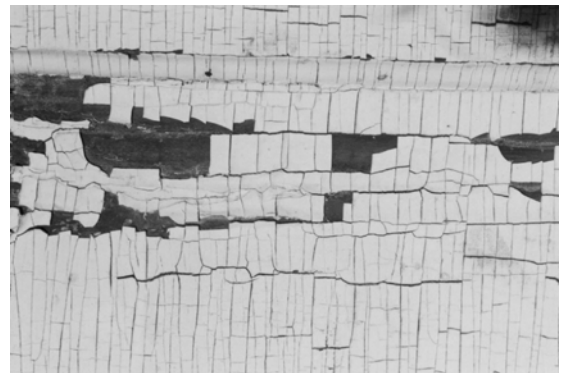


Paint that has an “alligator” cracking pattern or rubs off on your hands (chalks) is usually lead-based paint.

Cracked or chalking paint is a hazard that can cause lead poisoning.

Old varnish that looks cloudy may contain lead.

Lead-based paint was often mixed with varnish to give it a deeper, richer color. If the finish is cracked or peeling, old varnish is a hazard that can cause lead poisoning.



Lead-based paint that is in good condition may be a hazard on:

- ◆ Surfaces children can chew on (window sills, stair railings, porch railings)
- ◆ Surfaces where paint is often damaged by hard impacts (doors, door frames, corners)
- ◆ Surfaces where paint is worn by being walked on such as floors and stairs
- ◆ Lead dust may be on floors and other surfaces if you have recently done any remodeling or repainting in your home.



Lead in soil is a hazard when children play in areas of bare soil next to old buildings. Areas of bare soil where buildings have been torn down are also a hazard to children. Paint chips and lead in the soil of these areas can poison children.



Liability Insurance

The National Standards recommend that you carry the following insurance:

- ◆ Accident insurance on children
- ◆ Liability insurance
- ◆ Vehicle insurance on any vehicle you own or lease that is used to transport children

REASON: With current increases in lawsuits, protection against liability (i.e., responsibility) is needed. This defense helps with financial security, peace of mind, and public relations. Protection through liability insurance provides stability for families you serve and for your business.

COMMENTS: Liability insurance should include coverage for injuries, illnesses, and giving medications.

Medication in Child Care

Medication use in child care is common. You often have an important role in fulfilling a child's health-care needs. The *National Standards* state that all medication should be stored in a locked container out of the reach of children. Some medications may need to be stored in a refrigerator. All medications should be labeled with the child's name, including over-the-counter medicine.

When you handle medications:

- ◆ Wash your hands before and after giving the child the medicine.
- ◆ Use accurate measuring tools, like dosage spoons, dosage droppers or syringes.
- ◆ Always disinfect the surface where you are preparing medication before and after giving it to the child.

When you give medications:

- ◆ Match the name of the child to the name listed on the medication label. They must be the same.
- ◆ Read and understand the directions on the label/prescription. Be very aware of special conditions (take with meals, take at bedtime, etc.).
- ◆ Give the medication according to the prescribed methods and the prescribed dose.
- ◆ Observe and report any side effects from medications.
- ◆ Record each medicine and dose given to the child.
- ◆ Remember you can always call the pharmacy listed on the label for clarification.

A sample form for medication administration is contained in this book. The form gives you the parent(s)' permission to give his/her child medication and allows you to record the action on the same form.

REASON: You need to be aware of what medication(s) the child is receiving and when, who prescribed the medicine, and what the known reactions or side effects may be in case a child has a negative reaction to the medicine. This medication record is especially important if medications are frequently prescribed or if long-term medications are being used.

Nonprescription medications should be given according to the manufacturer's instructions unless a health-care provider provides written instructions otherwise.

COMMENTS: You can make copies of the sample form in this guidebook for each child's file.

Pets in Child Development Homes**Pets in Contact with Children**

The National Standards suggest that any pet or animal children might have contact with, whether indoors or outdoors, should have the following traits:

- ◆ Be in good health
- ◆ Show no evidence of carrying any disease
- ◆ Be fully immunized
- ◆ Be maintained on a flea, tick and worm control program

A current, time-specified certificate from a veterinarian should be on file showing these conditions. All contact between animals and children should be closely supervised so that you can remove any child immediately if the animal shows signs of distress or the child shows signs of treating the animal inappropriately. *The National Standards* suggest that potentially aggressive animals should not be in the same physical space with the children.

REASON: The risk of injury, infection, and aggravation of allergy from contact between children and animals is great. You must plan carefully when having an animal in your home and when visiting a zoo or local pet store. Children should be brought into direct contact only with animals known to be friendly and comfortable in the company of children. Dog bites to children under age four usually occur in home-like settings. The most common injury sites are the head, face, and neck. Dog bites cause an estimated 600,000 injuries and 10-20 deaths every year. Many human illnesses can be acquired from pets. Many children with allergies have symptoms when they are around animals. About 6% of the U.S. population is allergic to animals. About 25% of people being treated for allergies are sensitive to dogs and cats.

COMMENTS: Bringing animals and children together has both risks and benefits. Pets teach children how to be gentle and responsible, about life and death, and about unconditional love. However, animals can pose serious health risks. You must be sure an animal is healthy and is a suitable pet to bring into contact with children as determined by a recent check-up to the veterinarian.

Animals Not Appropriate for Child Care

The National Standards recommend that the following animals not be allowed in child care settings:

- ◆ Ferrets
- ◆ Turtles
- ◆ Iguanas
- ◆ Lizards or other reptiles
- ◆ Birds of the parrot family
- ◆ Wild or dangerous animals

Reptiles and exotic animals may be considered if:

- ◆ The animals are kept behind a glass wall in a tank or container where a child cannot touch the animals or reach inside of the tank; or if
- ◆ The local board of health grants authority for possession of such animals

REASON: Animals, even pets, are a source of illness for people. People may be a source of illness for animals. Reptiles may carry salmonella, a type of bacteria that causes diarrhea and fever. Even turtles, baby chickens, ducks, dogs, and cats can carry salmonella. This creates a risk to children who are likely to put unwashed hands in their mouths.

Care for Pets

When pets are kept in or near the home, procedures should be written and followed for their care and maintenance. Proof of current pet immunizations should be signed by a veterinarian and kept on file. These conditions should be met when animals are kept at the home:

- ◆ The animal's living quarters should be enclosed and kept clean of waste to reduce the risk of human contact with this waste.
- ◆ Animal cages should be of an approved type with removable bottoms and should be kept clean and sanitary.
- ◆ Litter boxes should not be located in areas where there are children.
- ◆ All animal waste should be removed immediately from children's areas and discarded as required by local health authorities.
- ◆ Animal food supplies should be kept out of reach of children.
- ◆ Live animals and fowl (chicken, hen, rooster) should be excluded from food preparation, food storage, and eating areas.
- ◆ Home providers and children should wash their hands after handling animals, animal food, or animal wastes.

REASON: Animals, even pets, are a source of illness for people. People may be a source of illness for animals. Handwashing is the most important way to reduce the spread of disease. Unwashed or improperly washed hands are primary carriers of infections. A pet's food can become contaminated by standing at room temperature or by being exposed to animals, insects, or people.

Radon

Radon is a naturally occurring, radioactive gas that is the second leading cause of lung cancer. Radon can seep into your home through very small openings in basement walls or floors. Iowa has the highest portion of homes with elevated radon in the United States. You may want to contact the Iowa Air Quality Coalition to obtain information and a low-cost/no cost radon detector at 800-206-7818. Testing for radon is easy and inexpensive. If you find a radon problem, it can be fixed. The Iowa Radon Hotline can answer questions regarding radon in your home at 800-383-5992.

Second-Hand Smoke and Use of Tobacco Products in Child Care

Iowa law does not allow smoking in child development homes or in vehicles used to transport children. Secondhand smoke in the air and on clothing increases the chances of all the following:

- ◆ Sudden Infant Death Syndrome
- ◆ Lower respiratory tract infections (such as pneumonia and bronchitis)
- ◆ Chronic middle ear infections
- ◆ New cases of asthma in children who did not have symptoms before exposure to smoke
 - Increased number and severity of asthma attacks

Other uses of tobacco lead to illness in adults, like cancer of the mouth, throat, stomach, and bladder.

REASON: *The National Standards* say that scientific research has linked breathing problems to secondhand smoke. No children, especially those with breathing problems, should be exposed to additional risk from the air they breathe. When infants and young children are exposed to secondhand smoke, they become at risk of developing more serious illnesses when they get common breathing infections. Separation of smokers and nonsmokers within the same air space does not get rid of or decrease exposure to secondhand smoke. Cigarettes used by adults are the main cause of house fires.

COMMENTS: Even if cigarettes are smoked outside the home, the odor and materials from the cigarettes remain on skin and clothing and affect children's health. By not using tobacco products in your home, you can help keep the children in your care safe and healthy. For information to help stop smoking, call Quitline Iowa at 1-866-U-CAN-TRY (866-822-6879). Knowledgeable and supportive counselors from the Iowa Tobacco Research Center answer this toll-free number. You can receive free materials by mail. These materials cover helpful topics such as cravings, stress management, and more. You can receive 3-8 optional follow-up phone calls for continuing support. Your counselor can provide you with stop-smoking resources in your area. These resources include local support groups, clinics, and consultants. For more information, visit their web site at www.quitlineiowa.org.

Contact for Private (Septic) Sewer Inspection

Your private sewer systems must be checked for safe operation within one year of becoming registered. Local Boards of Health oversee the onsite wastewater program. An estimated 80% of the private septic systems in Iowa do not meet the standards of Iowa law. This means untreated wastewater is entering the environment. To find out if your system meets state law, contact your local county health department (or county sanitarian) for an inspection. You can generally find these listings in the blue pages (government pages) in your phone book. If you cannot find contact information for your area, the Iowa Department of Public Health can help you. There may be a fee for the inspection. The cost to fix/replace septic systems is variable.

Division of Health Protection and Environmental Health
Iowa Department of Public Health
321 East 12th Street, Lucas Building
Des Moines, IA 50319
515-281-7726

REASON: Pollutants contained in wastes from households include human wastes, ground-up food from sink disposals, and laundry and bath waters. These pollutants have disease-causing organisms in them that can harm children in your care. *The National Health and Safety Performance Standards, Guidelines for Out-of-Home Childcare Programs* state that sewage facilities must be provided and inspected according to state and local rules. To keep the children in your care safe and healthy, have your sewer system inspected.

Trampolines

Trampolines are not developmentally appropriate for use with children under age five (National Program for Playground Safety: 800-554-PLAY). Trampoline-related injuries have almost tripled since 1991. According to the National SAFE KIDS Campaign, nearly 82,000 children under age 14 were treated in hospital emergency rooms for trampoline-related injuries in 2000. More than 90% of trampoline-related injuries occur in home-like settings, including child care. Injuries mostly involve the arms and legs. Since 1990, the U.S. Consumer Product Safety Commission has received reports of six deaths involving trampolines. The following caused these deaths:

- ◆ Colliding with another person on the trampoline
- ◆ Landing improperly while jumping or doing stunts on the trampoline
- ◆ Falling or jumping off the trampoline
- ◆ Falling on the trampoline springs or frame

REASON: Almost all of the trampolines associated with injuries were located in backyards. Here are some rules to follow to prevent serious trampoline injuries.

- ◆ Allow only one person on the trampoline at a time.
- ◆ Do not attempt or allow somersaults.
- ◆ Use shock-absorbing pads that completely cover the springs, hooks, and the frame.
- ◆ Place the trampoline away from structures and other play areas.
- ◆ Ladders should not be used. They provide **unsupervised access** by small children.
- ◆ Children under age six **should NOT** use a full-sized trampoline.
- ◆ **ALWAYS SUPERVISE** children who use a trampoline.

COMMENTS: For further information regarding trampoline safety, contact the National Program for Playground Safety at 800-554-PLAY located at the University of Northern Iowa. The Consumer Product Safety Commission also has information about trampoline use at 1-800-638-2772 or online at <http://www.cpsc.gov>.

Transportation

The National Standards recommend that you have a written policy for the safe transport of children to and from your home for any reason, including field trips or special outings. Address these items in your policies and practice:

- ◆ Child to staff ratio during transport
 - Child supervision during transport, including never leaving a child alone in a vehicle. Do not leave children alone in a vehicle with a window open.
- ◆ Backup arrangements for emergencies
- ◆ Seat belt and car seat use
 - Each child must have an individual seat belt.
 - All children 12 years old or younger should be properly secured in the back seat whenever possible. This reduces their risk of fatal injury.
 - The American Academy of Pediatrics recommends that infants ride in rear-facing safety seats until they are at least 20 pounds **and** one year old.

- Children who have outgrown their rear-facing seats and are at least one year of age and 20 pounds, up to 40 pounds, should ride in forward-facing safety seats as long as they fit. Ears should be below the top of the back of the seat, with shoulder below the seat strap slots.
 - In spite of age, children who have outgrown their child safety seat (e.g., weigh more than 40 pounds or stand taller than 40 inches) should use a belt-positioning booster seat. Lap/shoulder belts usually do not fit properly until a child is 4' 0" tall and weighs 80 pounds. Most children under age eight should use a booster seat to ride safely.
- ◆ Licensing of vehicles and drivers
 - ◆ Maintenance of the vehicle(s)
 - ◆ Safe use of air bags
 - The Centers for Disease Control and Prevention say that until vehicles are equipped with air bags that are safe and effective for children, children who are 12 years old and younger should NOT ride in a front passenger seat that is equipped with an air bag.
 - Even if the vehicle has an air bag, the rear seat is the safest seating position for children.

REASON: Motor vehicle crashes are the leading cause of death in the United States. Therefore, you must help to protect the children in your care by abiding by minimum requirements related to transporting children in the absence of their parents.

Safety restraints are effective in reducing death and injury when used properly. As the caregiver, you are responsible for making sure that children are fastened correctly in a restraint system.

Children have died from heat stress from being left alone in closed vehicles. Temperatures in hot cars can reach dangerous levels within minutes. From 1996 through 2000, more than 120 children died from heat stroke after being trapped in a vehicle. These children were either left in the car by caregivers or they got into the cars on their own and could not get out. Heat is much more dangerous to children than it is to adults. When left in a hot vehicle, a young child's core body temperature may increase three to five times **faster** than an adult's. This can cause permanent injury and even death.

COMMENTS: Problems between the design of the child passenger safety seat, vehicle seat, and seat belt system can be life threatening to children. To avoid harming children in your care:

- ◆ Read the vehicle owner's manual and child restraint device instructions carefully.
- ◆ Test the car safety seat for a safe, snug fit in the vehicle.
- ◆ Have the car seat installation checked by a certified car seat technician at an approved car seat check station in the community.
- ◆ Remember that the rear vehicle seat is the safest place for a child of any age to ride.

References

American Academy of Pediatrics and American Public Health Association. Caring for our Children, National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs. Second edition. 2002.

Campaign for Tobacco-Free Kids <http://www.tobaccofreekids.org>

Centers for Disease Control and Prevention <http://www.cdc.gov>

Chang A, Lugg MM, Nebelum A. Injuries in pre-school children enrolled in day care centers. *Pediatrics*. 1989;83:272-277.

Iowa Department of Public Health <http://www.idph.state.ia.us>

National Highway Traffic Safety Administration <http://www.nhtsa.dot.gov/>

National Program for Playground Safety <http://www.uni.edu/playground>

National SAFE KIDS Campaign <http://www.safekids.org>

U.S. Consumer Products Safety Commission <http://www.cpsc.gov>

SAMPLE FORMS

Department of Human Services

CHECKLIST FOR CHILD DEVELOPMENT HOME REGISTRATION

Name	Telephone Number	Date of Inspection	
Street Address	City	State	Zip Code

Date of initial registration _____ Date of registration at current category _____

The following are requirements contained in Code of Iowa, Chapter 237A or 441 Iowa Administrative Code, Chapter 110 that must be met by a registered child development home. For each requirement, check the “yes” box if the home meets the requirements, or the “no” box if the home does not meet the requirement. If the answer is no, complete the comment column with a few words describing where the deficiency was found, how many ‘items’ were missing (such as children’s files, immunization cards, etc.) or what the problem was. If a requirement does not apply to this particular home, enter NA for ‘not applicable’ in the “yes” box.

SECTION 1.

YES	NO	REF.#	RULE	COMMENT
			FOR ALL CATEGORIES, A PROVIDER’S OWN INFANTS AND PRESCHOOLERS ARE COUNTED. A PROVIDER’S OWN SCHOOL-AGE CHILDREN ARE NOT COUNTED. RELATIVE’S CHILDREN ARE COUNTED, REGARDLESS OF AGE.	
For child development homes Category A complete Sections 1 and 2. For child development homes Category B complete Sections 1 and 3. For child development homes Category C complete Sections 1 and 4.				
		110.4	No more children are in care than the rules for the specific category will allow.	
		110.5(1)	Conditions in the home are safe, sanitary, and free of hazards.	
		a	Has a non-pay working telephone. A cell phone cannot be the primary phone.	
			Numbers for police, fire, ambulance, poison information posted by phone.	
			Numbers for each child’s parent, physician, and a responsible person are accessible by the phone.	
		b	All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.	
		c	First-aid supplies are available, both in the home and in any vehicle used to transport children in care.	

		d	Medicines are given only with written authorization from the doctor or parent.	
			Prescribed medicines are accompanied by doctor's or pharmacist's direction.	
			All medicines are in original containers.	
			Medicines are stored properly including refrigeration in a separate covered container.	
			Medicines are inaccessible to children.	
		e	All accessible electrical outlets are safely capped.	
			All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.	
		f	Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters.	
		g	Safety barriers are at stairways and doors as needed.	
		h	A safe outdoor play area is maintained in good condition.	
			Is fenced off when located on a busy thoroughfare or near a hazard.	
			Has both sunshine and shade areas.	
			Is kept free from litter, rubbish and flammable materials.	
			Is free from contamination by drainage or ponding of sewage, household waste, or storm water.	
		i	An annual laboratory analysis shows satisfactory bacteriological quality <u>if</u> a private water supply is used.	
			<u>If</u> water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.	
		j	Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.	
			The plans include a diagram and an outside meeting place in case of fire, and a safe place indoors in case of tornado.	
		k	Fire and tornado drills are practiced monthly and documentation kept.	
		l	A safety barrier surrounds any heating stove or heating element.	

		m	1. Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on each child-occupied floor.	
		n	2. Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.	
			Each smoke detector has been installed according to manufacturer's recommendations.	
			Each smoke detector is tested monthly, and a record is kept for inspection purposes.	
		o	Smoking and the use of tobacco products is prohibited in areas used by children in the home, in the outdoor play area, and in any vehicle used to transport children. This prohibition applies only to the homes hour's of operation.	
		p	Children under the age of one year are placed on their backs for sleeping unless otherwise authorized in writing by a physician.	
		q	Providers inform parents of the presence of any pet in the child development home.	
			All dogs and cats have annual examinations and records of the exams are on file.	
			Pet birds are purchased from an approved dealer. Children are not allowed to handle pet birds.	
			Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.	
			All animal waste is immediately removed from the children's areas and properly disposed of.	
			No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.	
		r	In-ground and above-ground pools are either enclosed with a fence that is at least four feet high, or covered by a cover that meets ASTM standards whenever it is not in use.	

		s	If children use above-ground or in-ground swimming pools:	
			Written permission from the parents is on file.	
			Equipment needed to rescue a child or adult is accessible.	
			The provider accompanies and directly supervises the children during swimming activities.	
			The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.	
			Wading pools are drained daily and are inaccessible to children when not in use.	
		t	Within 12 months of registration or renewal of registration, private sewer or waste water has been tested for efficient functioning and improper leakage.	
		u	The provider has written policies about caring for mildly ill children.	
		v	The provider has written policies about responding to health-related emergencies.	
		w	Injury report forms are maintained for any injury requiring first aid or medical care. The forms are shared with parents and copies are in the child's file.	
		110.5(2)	A provider file is maintained and contains:	
		a	A physician's signed statement of health on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every two years.	
		b	Certificates or training verification documentation for:	
			Within the first three months of registration:	
			Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter).	
			Certification in infant and child first-aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	

			During the first year of registration – 12 hours of training. Two of the twelve hours must be health and safety training.	
			During the second year of registration and each succeeding year, twelve hours of training. If the provider has documentation of completing the ChildNet series, these hours may be used to fulfill two year's training requirements.	
		c	An individual file is maintained for each staff assistant and contains:	
			A completed <i>DHS Criminal History Record Check</i> , form B, 595-1396.	
			A completed <i>Request for Child Abuse Information</i> , form 470-0643.	
			A physician's signed statement of health at the time of employment and at least every two years thereafter.	
			Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.	
		d	An individual file is maintained for each substitute and contains:	
			A completed <i>DHS Criminal History Record Check</i> , form B, 595-1396.	
			A completed <i>Request for Child Abuse Information</i> , form 470-0643.	
			A physician's signed statement of health at the time of employment and at least every two years thereafter.	
			Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.	
			Certification in infant and child first-aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.	
		110. 5(3)	Activity program.	
			Program promotes self-esteem and exploration.	
		a	Includes active play.	
		b	Includes quiet play.	

		c	Includes activities for large muscle development, such as running, climbing, riding toys, etc.	
		d	Includes activities for small muscle development, such as coloring, puzzles, fingerplays, play dough, etc.	
		e	All play equipment and materials are in a safe condition, for both indoor and outdoor activities.	
			All activities are developmentally appropriate for the ages of the children present.	
			All equipment and materials are adequate for the number of children present.	
		110.5(4)	The certificate of registration is displayed in a conspicuous place.	
		110.5(5)	Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.	
		110.5(6)	Discipline.	
		a	Corporal punishment including spanking, shaking and slapping is not used.	
		b	No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.	
		c	No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.	
		d	No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.	
			No punishment or threat of punishment is associated with food or rest.	
		e	Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.	
		110.5(7)	Meals: Regular meals, midmorning snacks and mid-afternoon snacks are well-balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program.	
			Children may bring food to the child care home, but are not required to provide their own food.	

		110.5(8)	Children's files. An individual file is maintained for each child and updated annually or when there are changes. Each file contains:	
		a	Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child, and the parent's work address and telephone number.	
		b	Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency.	
		c	A signed medical consent from the parent authorizing emergency treatment.	
		d	For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.	
			For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.	
		e	For infants and preschoolers: A statement of health signed by a physician submitted annually.	
			For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.	
		f	A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.	
		g	A signed and dated immunization certificate provided by the state department of public health.	
		h	For each school-age child, record of a physical exam completed at the time of school enrollment or since.	

		i	Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.	
		j	Injury report forms to document injuries requiring first aid or medical care.	
		110.5(9)	The provider meets the following requirements:	
		a	Gives careful supervision at all times.	
		b	Frequently exchanges information with the parent of each child to enhance the quality of care.	
		c	Gives consistent, dependable care.	
			Is capable of handling emergencies.	
		d	Is present at all times, except if emergencies occur or an absence is planned.	
			If absence is planned, care is provided by a DHS-approved substitute.	
			If absence is planned, the parents are given at least 24 hours prior notice.	
		110.5(10)	Substitutes	
		a	All standards regarding supervision and care of children apply to substitutes.	
		b	Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.	
		c	The substitute must be 18 years of age or older.	
		d	Use of a substitute is limited to: No more than 25 hours per month. An additional period of up to two weeks in a 12-month period.	
		e	The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.	

SECTION 2.

		110.8(1)	SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY “A”	
		a	Not more than six preschool children present at any one time including infants.	
			Of these six children, not more than four children who are 24 months of age or younger are present at any one time.	
			Of the four children under 24 months of age, no more than three may be 18 months of age or younger.	
			Not more than two additional school-age children for less than two hours at any one time.	
			Not more than eight children present when the emergency school closing exception is in effect.	
		110.8(2)	Provider is at least 18 years old.	
			Has three written references which attest to character and ability to provide child care.	

SECTION 3.

		110.9(1)	SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY “B”	
		a	Not more than six preschool children present at any one time including infants.	
		b	Of these six children, not more than four children who are 24 months of age or younger are present at any one time.	
			Of the four children under 24 months of age, no more than three may be 18 months of age or younger.	
		c	Not more than four additional school-age children.	
		d	Not more than two children who are receiving care on a part-time basis at any one time.	
		e	Not more than 12 children present when the emergency school closing exception is in effect.	

		f	When more than 8 children are present for more than two hours, a DHS-approved assistant at least 14 years old is present.	
		110.9(2)	Provider qualifications:	
		a	The provider is at least 20 years old.	
		b	Has a high school diploma or GED.	
		c	Meets one of the following:	
			a – Has two years of experience working directly with children in child care.	
			c – Has a child development associate credential or any two-or four-year degree in a child related field and one year of experience working directly with children in child care.	
		110.9(3)	Facility requirements	
		a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
			There is a minimum of 50 square feet outdoors per child in care.	
		b	There is a separate quiet area for sick children.	
		c	If the second story or basement are used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside. All exits terminate at grade level with permanent steps.	
			If a basement window is used as an exit, the window is openable from the inside without the use of tools.	
			The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
			The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
			Child care is not provided above the second floor.	

SECTION 4.

		110.10(1)	SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY “C”	
		a	Not more than 12 preschool children present at any one time, including infants.	
		b	Of these 12 children, not more than four children under the age of 24 months are present at any one time.	
		c	Not more than two additional school-age children present for less than two hours at any one time.	
		d	Not more than two additional children who are receiving care on a part-time basis.	
		e	Not more than sixteen children present when the emergency school closing exception is in effect.	
			If more than 8 children are present at any one time due to an emergency school closing exception, the provider shall be assisted by a DHS-approved assistant who is at least 18 years of age.	
		f	Both providers are present whenever 4 children under the age of 18 months are in care, and whenever more than 8 children are present.	
		110.10(2)	Both providers must meet the following requirements:	
		a	At least 21 years old.	
		b	Has a high school diploma or GED.	
		c	Meets one of the following:	
			Has five years of experience working directly with children in child care.	
			Has a child development associate degree or any two- or four-year degree in a child related field and four years of experience working directly with children in child care.	
		110.10(3)	Facility requirements:	
		a	There is a minimum of 35 square feet of child use floor space indoors for each child in care.	
			There is a minimum of 50 square feet outdoors for each child in care.	

		b	There is a separate quiet area for sick children.	
		c	Has a minimum of two direct exits to the outside from the main floor.	
			If the second story or basement are used for child care, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside. All exits terminate at grade level with permanent steps.	
			If a basement window is used as an exit, the window is openable from the inside without the use of tools.	
			The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.	
			The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.	
			Child care is not provided above the second floor.	

Signature of person completing form	Agency	Date
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Signature of provider	Co-Provider (Child Development Home C only)	Date
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PARENT GUIDE TO CHILD DEVELOPMENT HOME REGISTRATION

Iowa uses a system for regulation of child development homes known as registration. Providers self-certify that they meet the minimum requirements for registration. Iowa law limits the number of children a home may care for, whether the home is registered or not. A nonregistered child care home may care for up to five children. The requirements listed in this document apply to registered child development homes.

In issuing a registration certificate, the Department of Human Services (DHS) is stating that the provider has certified in writing that they will comply with the state regulations in all areas of child development home operation. Responsibility for making sure the requirements are met rests primarily with the provider, the parents of children attending that child development home, and the community.

All child development home providers have certified to DHS that their child development home meets all of the requirements described here. (These requirements come from 441 Iowa Administrative Code, Chapter 110.) They must display their *Certificate of Registration* in a conspicuous place. You may review the registration file on a child development home by making arrangements with the local DHS office.

If you have good reason to believe a child development home does not meet these requirements, please report the problem to the local DHS office. Your verbal or written report should include the name and address of the home and each specific requirement you believe is not being met. A staff person from DHS will contact the child development home to investigate.

DHS must check 20 percent or more of all child development homes in the county during the calendar year for compliance with registration requirements contained in this handbook.

Number of Children. No greater number of children shall be received for care at any one time than the number authorized on the registration certificate.

The number of children allowed under each category is shown in the following chart. For all categories, a provider's own infant and preschool-age children **are** counted in the total, but the provider's own children who are attending school **are not** counted.

CHILD DEVELOPMENT HOMES Number of Children Allowed in Care			
	Category A	Category B	Category C
Under 24 months	4 at a time- Only 3 may be under the age of 18 months	4 at a time – Only 3 may be under the age of 18 months	4 at a time Both providers must be present when 4 children under the age of 18 months are in care.
Under school age, including under 24 months	6	6	12 If more than 8 are present, both providers must be present.
School-aged (kindergarten or a higher grade)	2 for less than 2 hours at a time	4— Can be full-time in child care when no school. Assistant required if more than 8 are present for more than 2 hours at a time.	2 for less than 2 hours at a time
<u>Additional part-time</u>	0	2 at any one time	2 at any one time
Maximum capacity	8	12	16— If more than 8 children are present, both providers must be present.
Maximum for inclement weather and emergency school closings	8	12— If more than 8 children are present, must have a 14 year-old assistant.	16— If more than 8 are present, must have 18-year-old assistant.

Facility and provider requirements vary, based on the category of Child Development Home. The following chart outlines the facility, provider, and training requirements for Child Development Homes.

CHILD DEVELOPMENT HOMES Facility, Provider, and Training Requirements			
Category	Facility Requirements	Provider Qualifications	Training Requirements
A	<ul style="list-style-type: none"> ◆ Fire extinguisher ◆ Smoke detectors 	<ul style="list-style-type: none"> ◆ 18 years old ◆ 3 reference letters 	<ul style="list-style-type: none"> ◆ Within 1st 3 months: ◆ Mandatory reporter training ◆ First aid with rescue breathing ◆ 1st year of registration: 12 hours training, 2 hours must be health and safety ◆ 2nd year and following: 12 hours of training
B	<ul style="list-style-type: none"> ◆ 35 square feet per child indoors ◆ 50 square feet of child space outdoors ◆ Quiet area for sick children ◆ Fire safety: ◆ Fire extinguisher ◆ Smoke detectors ◆ Two direct exits 	<ul style="list-style-type: none"> ◆ 20 years old ◆ High school diploma or GED ◆ Have either: ◆ 2 years experience working directly with children in child care, or ◆ CDA or 2- or 4 -year degree in child care related field AND 1 year of experience working directly with children in child care 	<ul style="list-style-type: none"> ◆ Within 1st 3 months: ◆ Mandatory reporter training ◆ First aid with rescue breathing ◆ 1st year of registration: 12 hours training, 2 hours must be health and safety ◆ 2nd year and following: 12 hours of training
C	<ul style="list-style-type: none"> ◆ 35 square feet per child indoors ◆ 50 square feet of child space outdoors ◆ Quiet area for sick children ◆ Fire safety: ◆ Fire extinguisher ◆ Smoke detectors ◆ Two direct exits 	<ul style="list-style-type: none"> ◆ 21 years old ◆ High school diploma or GED ◆ Have either: ◆ 5 years experience working directly with children in child care, or ◆ CDA or 2- or 4-year child-care-related degree AND 4 years experience working directly with children in child care 	<ul style="list-style-type: none"> ◆ Within 1st 3 months ◆ Mandatory reporter training ◆ First aid with rescue breathing ◆ 1st year of registration 12 hours training, 2 hours must be health and safety ◆ 2nd year and following 12 hours of training

CHILD DEVELOPMENT HOME STAFF

Record Checks

DHS submits record checks for:

- ◆ Every operator of a child development home.
- ◆ All staff members, including substitute providers, with direct responsibility for child care.
 - Anyone 14 years and older who is living in the child development home.
 - Anyone who might have access to a child when the child is alone.

The purpose of the record checks is to determine whether the person has any founded child abuse reports, criminal convictions, or is on the sex offender registry.

If the record check shows that the person has any of the following criminal convictions or founded child abuse records, that person cannot be registered as a child development home provider, work or live in a child development home, receive public funding for providing child care, or live in a home that receives public funding for providing child care.

- ◆ Founded child or dependent abuse that was determined to be sexual abuse.
- ◆ Placement on the sex offender registry.
- ◆ Felony child endangerment or neglect or abandonment of a dependent person.
- ◆ Felony domestic abuse.
- ◆ Felony crime against a child including but not limited to sexual exploitation of a minor.
- ◆ A forcible felony.

If the record check shows that the person has any of the following criminal convictions or founded child abuse records, that person cannot be registered as a child development home provider, work or live in a child development home, receive public funding for providing child care, or live in a home that receives public funding for providing child care for a period of five years from the date of the conviction/founded child abuse report.

- ◆ Conviction of controlled substance offense under Chapter 124.
- ◆ Founded child abuse that was determined to be physical abuse.

If the record check shows a criminal conviction or founded child abuse report for convictions other than those listed above, the department sends that person a *Record Check Evaluation* form. On this form, the individual explains the nature of the incident, changes they have made since the incident, and why they think they should be approved in spite of the incident. After reviewing the *Record Check Evaluation* form, DHS determines if the person can be registered or live in a registered home.

In the evaluation the department considers:

- ◆ The nature and seriousness of the crime or abuse in relation to the position sought.
- ◆ The time elapsed since the commission of the crime or founded abuse.
- ◆ The circumstances under which the crime or founded abuse was committed.
- ◆ The degree of rehabilitation.
- ◆ The number of crimes or founded abuses committed by the person involved.

Providers

The provider must:

- ◆ Give careful supervision at all times.
- ◆ Frequently exchange information with the parent of each child to enhance the quality of care.
- ◆ Give consistent, dependable care and be capable of handling emergencies.
- ◆ Be present at all time except if emergencies occur or when an absence is planned, at which time DHS-approved substitute care is provided. When an absence is planned, the parents shall be given at least 24 hours' prior notice.

Assistants

Depending on the number of children in care, the provider may be required to have an assistant. The minimum age requirement for the assistant varies, depending on the category of Child Development Home (please refer to "Number of Children Allowed in Care" chart). The purpose of the assistant is to help the provider, not to substitute for the provider. The assistant may never be left alone with the children. Ultimate responsibility for supervision of the children is with the child care provider.

SUBSTITUTES

Substitute providers must be 18 years of age or older. The child care provider shall assume responsibility for providing adequate and appropriate supervision at all times children are in attendance. Any substitute provider shall have the same responsibility for providing adequate and appropriate supervision. Ultimate responsibility for supervision will be with the child care provider. All child development home regulations regarding supervision and care of children apply to substitutes.

Except in emergency situations, the child care provider shall inform parents in advance of the planned use of a substitute provider.

Substitute care may be used in the home up to 25 child care hours per month and for an additional period of up to two weeks in a 12 month period. This limit applies to the child development home, regardless of the number of individuals who may be providing the substitute care. The provider shall maintain a written record of the number of hours substitute care was provided, including the date and the name of the substitute provider.

CHILD DEVELOPMENT HOME PROGRAM STANDARDS

Activity Program. There is an activity program which promotes self-esteem and exploration and includes:

- ◆ Active play.
- ◆ Quiet play.
- ◆ Activities for large muscle development.
- ◆ Activities for small muscle development.
- ◆ Play equipment and materials in a safe condition, for both indoor and outdoor activities which are developmentally appropriate for the ages and number of children present.

Children's Files. All of the following information must be in your child's individual file on the first day your child attends child care:

- ◆ The child's name, birth date, parent's name, address, telephone number, special needs, and your work address and telephone number.
- ◆ A list signed by you which gives the name, telephone number, and relationship of all persons authorized to pick up your child.
- ◆ Emergency information including where you can be reached; the name, street address, city and telephone number of the child's regular source of health care; and the name, telephone number, and relationship to the child of another adult available in case of emergency.
- ◆ A signed medical consent from your authorizing emergency treatment.
- ◆ For each infant and preschool-age child, an admission physical examination report signed by a licensed physician, which includes past health history, status of present health, allergies and restrictive conditions, and recommendations for continuing care when necessary. (A statement of health condition signed by a physician or designee must be given annually after the date of the admission physical.)
- ◆ For each school age child, a statement of health status signed by the parent or legal guardian.
- ◆ A signed and dated immunization certificate provided by the Iowa Department of Public Health. (for the school-age child, a copy of the most recent immunization record is acceptable.)

The file must also include written permission from you for your child to attend activities away from the child development home. The permission must include times for departure and arrival, destination, and the names of persons who will be responsible for the child.

Health and Safety. Conditions in the home are safe, sanitary, and free of hazards. This includes:

- ◆ A non-pay, working telephone with emergency numbers posted, and numbers for each child's parents, a responsible person who can be reached when the parent is unavailable, and the child's physician. A cell phone cannot be used as the primary phone.
- ◆ All medicines and poisonous, toxic, or otherwise unsafe materials secured from access by a child.
- ◆ Available first aid supplies.
- ◆ Medicines given only with parent's or doctor's written authorization.
- ◆ All accessible electrical outlets safely capped and electrical cords properly used (not running cords under rugs, over hoods, through door openings, or other use that has been known to be hazardous).
- ◆ A safety barrier surrounding any heating stove or heating element, and combustible materials kept away from furnaces, stoves, or water heaters.
- ◆ Safety gates at stairways and doors shall be provided and used as needed.
- ◆ A safe outdoor play area maintained in good condition, fenced when necessary, with both sunshine and shade areas.
- ◆ Fire or tornado emergency plans posted by all exits, with documented monthly fire and tornado drills.
- ◆ Annual laboratory analysis of a private water supply.
- ◆ Private sewer or waste water treatment facilities and equipment shall be tested for efficient functioning and improper leakage.
- ◆ Animals must have current immunizations and animal waste must be disposed of properly. Animals are not allowed in food preparation areas while food is being prepared or served.
- ◆ Pools must have fences or covers. Wading pools shall be drained daily and be inaccessible to children when not in use.
- ◆ If children are allowed to use swimming pools, written permission from parents must be on file, rescue equipment must be available, and the provider must accompany and supervise the children during water activities.

- ◆ Children under the age of one year shall be placed on their backs when sleeping unless otherwise authorized in writing by a physician.
- ◆ Smoking and the use of tobacco products is prohibited in areas that may be used by children receiving care in the home, in the outdoor play area, and in any vehicle in which children receiving care in the home are transported during the home's hours of operation.
- ◆ The provider must inform you about any pets in the home.

Meals. Regular meals and midmorning and midafternoon snacks shall be provided which are well balanced, nourishing, and in appropriate amounts. Children may bring food to the child development home for their own use, but may not be required to provide their own food.

Discipline. Discipline shall conform to the following standards:

- ◆ Corporal punishment including spanking, shaking, and slapping shall not be used.
- ◆ Punishment which is humiliating or frightening or which causes pain or discomfort to the child shall not be used.
- ◆ Punishment shall not be administered because of child's illness, or progress or lack of progress in toilet training, nor shall punishment or threat of punishment be associated with food or rest.
- ◆ No child shall be subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.
- ◆ Discipline shall be designed to help the child develop self-control, self-esteem, and respect for the rights of others.

CHILD INTAKE INFORMATION

Child's Name		Birth Date	
Child's Address		Phone	
Name Child is Called			
Parent or Guardian		Parent or Guardian	
Name		Name	
Home Address		Home Address	
Work Address		Work Address	
Work Phone		Work Phone	

Does your child have any special needs that I need to be aware of? _____

Physician to call if child becomes ill: _____

Address: _____ Phone: _____

Other person to notify if parent or guardian cannot be reached in an emergency:

Name	Phone #	Relationship
------	---------	--------------

(Also list the emergency contacts below if you wish to allow them to pick up your child.)

The following persons are allowed to pick up my child from day care in the event that I am unable to:

Name	Phone #	Relationship
------	---------	--------------

Anyone NOT permitted to pick up my child (with copy of court order, if applicable)

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Permission for medical care in parental absence.

Child's Full Name _____ Birth Date _____

Name child answers to: _____

I, _____ parent or guardian of the child named above give my permission to _____, child care home provider, to secure and authorize such emergency medical care and treatment as my child might require while under the Provider's supervision. I also authorize the Provider to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Name of Parent or Legal Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Doctor: _____

Doctor's Address: _____

Doctor's Phone: _____

Preferred Hospital to Contact: _____

Address: _____ Phone: _____

Person(s) to be contacted in emergency if the parents are unavailable:

Name	Home Phone	Work Phone	Relationship
------	------------	------------	--------------

_____	_____	_____	_____
-------	-------	-------	-------

_____	_____	_____	_____
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Present medication(s): _____

Known allergies: _____

Date of last tetanus: _____ Religious Preference: _____

Insurance: _____

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

Child Injury / Incident Report Form:

Child Care Program:

Phone Number:

Address:

Fill in all blanks and boxes that apply.

Child's Name: _____ Sex: M F Birthdate: _____ Incident Date: _____

Time of Incident: ____:____ am/pm Witnesses: _____

Name of Parent /Legal Guardian Notified: _____ Time Notified: ____:____ am/pm

Notified by (name of staff person): _____

Was EMS (911) or other medical professional notified? ☐ No ☐ Yes - Time Notified: ____:____ am/pm

What EMS service(s) responded or other medical professional provided advice?

Location where incident occurred: ☐ Playground ☐ Classroom ☐ Bathroom ☐ Hall ☐ Kitchen☐ Doorway ☐ Gym ☐ Office ☐ Dining Room ☐ Stairway ☐ Motor Vehicle ☐ Unknown ☐ Other (specify)Equipment / Product involved: ☐ Climber ☐ Slide ☐ Swing ☐ Playground Surface ☐ Sandbox☐ Trike/Bike ☐ Hand toy (specify): _____ ☐ Motor Vehicle☐ Other Equipment (specify): _____Cause of Injury / Incident:☐ Fall to surface; Estimated height of fall ____ feet; Type of surface: _____☐ Fall from running or tripping ☐ Bitten by child ☐ Motor vehicle ☐ Hit or pushed by child☐ Injured by object ☐ Eating / choking ☐ Bee sting/ spider or tick bite ☐ Animal ☐ Exposed to cold or heat☐ Child behavior related (specify): _____☐ Other (specify): _____Describe Injury / Incident: *Include the part(s) of body injured and the type of injury markings.*First aid / treatment given on-site: (examples: cold pack, comfort, wound cleaning, bandage applied, behavior intervention):

First aid / treatment given by (name of person): _____

Medical / Dental Care Needed Day of Injury / Incident:☐ No doctor's or dentist's treatment required ☐ Doctor or dentist office visit same day required☐ Treated as an outpatient in emergency room ☐ Hospitalized

Signature of Staff Member: _____ Date: _____

Parent Signature or Authorized Pick-up Person: _____ Date: _____

Complete this section with details obtained in days following event.

Date of Late Entry: _____

Follow-up treatment needed: _____

Reduced or Limited activity required for _____ days.

Corrective action needed to prevent reoccurrence:

Signature of person making late entry:

American Academy of Pediatrics, Pennsylvania Chapter. *Model Child Care Health Policies*. 4th ed. Washington D.C: National Association for the Education of Young Children, 2002.

Adapted for use by the Iowa Department of Human Services.

January 2004.

Top page is for parent/guardian. Copy is to be kept with the child's health record.

Iowa Child Care Infant, Toddler, Preschool Age – Child Health Exam Form

CHILD INFORMATION

Parent complete this page.

Child's name		Child's birthdate	Name of center, provider, or preschool Telephone #
Parent 1 name		Parent 2 name	
Child home address #1			Telephone # 1
Child home address #2			Telephone #2
Where parent # 1 works	Work address	Home phone # Work # Pager # Cellular # Home email Work email	
Where parent # 2 works	Work address	Home phone # Work # Pager # Cellular # Home email Work email	
In an emergency, please obtain EMERGENCY MEDICAL or DENTAL CARE if the child care center is unable to contact the parents/guardian. Please contact the following person when parent or guardian can not be reached.			
Name:		Relationship to child:	
		Phone number:	
Child's doctor's name		Doctor telephone # 1	Hospital choice
Doctor's address		After hours telephone #	Does your child have health insurance? Yes, Company _____ ID #
Child's dentist's name		Dentist Telephone # 1	Does your child have dental insurance? Yes, Company _____ ID#
Dentist's Address		After hours telephone #	NO, we do not have health insurance. NO, we do not have dental insurance.
Other health care specialist name		Telephone #	Please help us find health or dental insurance.
Type of specialty			

Parent Signature:_____ **Date:**_____

Iowa Child Care Infant, Toddler, Preschool Age – Child Health Exam Form

Parent Concerns

Parent complete this page.

Tell us about your child's health. Place a checkmark ✓ in the box ☐ if the sentence applies to your child. Check all that apply to your child.

Growth

- ☐ I am concerned about my child's growth.

Appetite

- ☐ I am concerned about my child's eating / feeding needs or habits.

Rest

- ☐ I am concerned about the amount of sleep my child needs.

Illness/Surgery/Injury - My child

- ☐ has had a serious illness, surgery, or injury. Please describe.

Physical Activity - My child

- ☐ must restrict physical activity. Please describe.

Development and Learning

- ☐ I am concerned about my child's behavior, development, or learning. Please describe:

Body Health - My child has problems with

- ☐ Skin, hair, fingernails or toenails
- ☐ Eyes \ vision, glasses
- ☐ Ears \ hearing, hearing aides or device, ear aches, tubes in ears
- ☐ Nose problems, nosebleeds, runny nose
- ☐ Mouth, teething, gums, tongue, sores in mouth or on lips, mouth-breathing, snoring
- ☐ Frequent sore throats or tonsillitis
- ☐ Breathing problems, asthma, cough, croup
- ☐ Heart, heart murmur
- ☐ Stomach aches, upset stomach, colic, spitting up
- ☐ Using toilet, toilet training, urinating
- ☐ Bones, muscles, movement, pain with moving
- ☐ Mobility, uses assistive equipment
- ☐ Nervous system, headaches, seizures, or nervous habits (like twitches)
- ☐ Needs special equipment. *Please describe:*

- ☐ **Medication** - My child takes medication. List meds taken at home, preschool, or in child care. List the name, time medication taken, and the reason medication prescribed.

- ☐ **Allergy** - My child has allergies (food, medicine, fabric, inhalants, insects, animals, etc.). Please describe.

Parent or child care provider questions or concerns to ask health care provider:

Iowa Child Care Infant, Toddler, Preschool Age – Child Health Exam Form

Health Provider complete this page¹

Date of Exam:

Height or Length:

Weight

Head Circumference (for children **under** 2 yr.):

Body Mass Index (for children **over** 2 yr.):

Blood Pressure (start @ age 3 yr.):

Hgb. or Hct.: (start @ 1 yr.)

Blood Lead Level: (start @ 1 yr.)

Exam Results (n = normal limits) otherwise describe

HEENT

Teeth

Heart

Lungs

Stomach/Abdomen

Genitalia

Extremities, Joints, Muscles, Spine

Skin, Lymph Nodes

Neurological

Developmental Screening

Vision Right eye _____ Left eye _____

Hearing Right ear _____ Left ear _____

Tympanometry (attach results)

DDST results:

Personal-Social

Fine Motor-Adaptive

Language

Gross Motor

Developmental Referral Made Today: ☐ Yes ☐ No

Date of Last **Dental** Exam:

Dental Referral Made Today: ☐ Yes ☐ No

Birthdate:

Age:

Vaccines given today:

DtaP/DTP/Td

HEP B

HIB

Influenza

MMR

Pneumococcal

Polio

Varicella

Other _____

TB testing (for high risk child only)

Referrals made today:

☐ Referred to **hawk-i** today 1-800-257-8563

Health Related Child Care Comments:

Medications Needed at Child Care:

Health Care Provider Name, Address, Telephone:

May use stamp

Health Provider Assessment Statement:

☐ This child may participate in developmentally appropriate child care / preschool with **NO** health related restrictions.

☐ This child may participate in developmentally appropriate child care / preschool **with restrictions:**

Health Provider Signature _____

Provider's Iowa License Number _____

¹ Iowa Child Care Regulations require an admission physical exam report within the previous year. Annually thereafter, a statement of health condition signed by an approved health care provider. The American Academy of Pediatrics has recommendations for frequency of childhood preventative pediatric health care (RE9939, March 2000) www.aap.org

Iowa Child Care Infant, Toddler, Preschool Age – Child Health Exam Form
Iowa Recommendations for Preventive Pediatric Health Care²

Health Provider's Guide		AGE ³											
		1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	3 yr	4 yr	5 yr
History:	Initial and Interval	●	●	●	●	●	●	●	●	●	●	●	●
Measurement:	Height/ Weight	●	●	●	●	●	●	●	●	●	●	●	●
	Head Circumference	●	●	●	●	●	●	●	●	●			
	Blood Pressure										●	●	●
Sensory Screen:	Vision	S	S	S	S	S	S	S	S	S	O	O	O
	Hearing	O ⁴	S	S	S	S	S	S	S	S	S	O	O
Developmental:	Screen	●	●	●	●	●	●	●	●	●	●	●	●
Complete Unclothed Physical Exam		●	●	●	●	●	●	●	●	●	●	●	●
Lab:	Hereditary/Metabolic Screen	● ⁵											
	Hematocrit or Hemoglobin					●	→	◆	→	→	→	→	→
	Urinalysis												●
	Lead Test					●				● ⁶	◆	◆	◆
	Cholesterol Screen									◆	→	→	→
	TB test ⁷						◆	→	→	→	→	→	→
Immunizations:	<i>per Iowa schedule⁸</i>	●	●	●	●	●	●	●	●	●	●	●	●
Family Guidance:	Injury Prevention	●	●	●	●	●	●	●	●	●	●	●	●
	Child Car Seat Counseling												
	Tricycle Helmet Counseling												
	Sleep Position Counseling	●	●	●	●	●	●						
	Nutrition & Physical Activity Counseling	●	●	●	●	●	●	●	●	●	●	●	●
	Violence Prevention	●	●	●	●	●	●	●	●	●	●	●	●

Key: ● = to be performed S = Subjective, by history
 ◆ = to be performed for at-risk children → O = Objective, by standard testing
 = Range in which the task may be completed

² For questions about childhood preventive health care go to www.brightfutures.org or www.aap.org or contact the Iowa Healthy Families telephone line 1-800-369-2229.

Each child and family is unique; therefore the Recommendations for Preventive Care are designed for the care of children who are receiving quality care, have no signs of health problems, and are growing / developing satisfactorily.

³ If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

⁴ All newborns should be screened for congenital hearing impairment, Iowa Newborn Hearing Screening program 1-800-383-3826.

⁵ All newborns should receive metabolic screening (e.g. Thyroid, hemoglobinopathies, PKU, galactosemia) during neonatal period.

⁶ Lead testing should be done at 12 & 24 months, Iowa Lead Testing program 1-800-242-2026.

⁷ TB testing for only at-risk children, Iowa TB program 1-800-383-3826.

⁸ Iowa Immunization program 1-800-831-6293.

IOWA SCHOOL-AGE CARE – HEALTH STATUS – PARENT STATEMENT

CHILD and FAMILY INFORMATION

Parents complete this page.

Child's name		Child's birthdate	Name of school Grade _____ Telephone #
Parent #1 name		Parent #2 name	
Child home address #1			Telephone # 1
Child home address #2			Telephone # 2
Where parent #1 works	Work address		Telephone # Work # Pager # Cellular # Home email Work email
Where parent #2 works	Work address		Telephone # Work # Pager # Cellular # Home email Work email
In an emergency, please obtain EMERGENCY MEDICAL or DENTAL CARE if the child care center is unable to contact the parents/guardian. Please contact the following person when parent or guardian can not be reached.			
Name: _____ Relationship to child: _____ Phone number: _____			
Child's doctor's name	Doctor telephone #1		Hospital of choice
Doctor's address	After hours telephone #		Does your child have health insurance? Yes, Company _____ ID#
Child's dentist's name	Dentist telephone #1		Does your child have dental insurance? Yes, Company _____ ID#
Dentist's address	After hours telephone #		No, we do not have health insurance. No, we do not have dental insurance.
Other medical or dental specialist name	Telephone #		Please help us find health or dental insurance.
Type of specialty			

Parent/Guardian Signature: _____ Date _____

IOWA SCHOOL-AGE CARE – HEALTH STATUS – PARENT STATEMENT

<p>Parents complete this page.</p> <p>Please a checkmark ✓ in the box <input type="checkbox"/> if the sentence applies to your child.</p> <p>Growth</p> <p><input type="checkbox"/> I am concerned about my child's growth.</p> <p>Appetite</p> <p><input type="checkbox"/> I am concerned about my child's eating habits.</p> <p>Rest - My child</p> <p><input type="checkbox"/> may need to rest or sleep after school.</p> <p>Illness/Surgery/Injury - My child</p> <p><input type="checkbox"/> had a serious illnesses, surgeries, or injuries. Please describe:</p> <p>Physical Activity - My child</p> <p><input type="checkbox"/> must restrict physical activity and/or needs special equipment. Please describe:</p> <p>Play with friends - My child</p> <p><input type="checkbox"/> plays well in groups with other children.</p> <p><input type="checkbox"/> will play only with one or two other children.</p> <p><input type="checkbox"/> prefers to play alone.</p> <p><input type="checkbox"/> fights with other children.</p> <p><input type="checkbox"/> I am concerned about my child's play activity with other children.</p> <p>School and Learning - My child</p> <p><input type="checkbox"/> is doing well at school.</p> <p><input type="checkbox"/> is having difficulty in some classes.</p> <p><input type="checkbox"/> does not want to go to school.</p> <p><input type="checkbox"/> frequently misses or is late for school.</p> <p><input type="checkbox"/> I am concerned about how my child is doing in school. Please describe:</p>	<p>Body Health - My child has problems with</p> <p><input type="checkbox"/> Skin, hair, fingernails or toenails</p> <p><input type="checkbox"/> Eyes \ vision, glasses or contact lenses</p> <p><input type="checkbox"/> Ears \ hearing, hearing assistive aides or device, earache, tubes in ears</p> <p><input type="checkbox"/> Nose problems, nosebleeds</p> <p><input type="checkbox"/> Mouth, teeth, gums, tongue, sores in mouth or on lips, breaths through mouth</p> <p><input type="checkbox"/> Frequent sore throats or tonsillitis</p> <p><input type="checkbox"/> Breathing, asthma, cough</p> <p><input type="checkbox"/> Heart, heart murmur</p> <p><input type="checkbox"/> Stomach aches or upset stomach</p> <p><input type="checkbox"/> Using toilet, night time wetting</p> <p><input type="checkbox"/> Hard stools, constipation, diarrhea, runny stools</p> <p><input type="checkbox"/> Bones, muscles, movement, pain moving</p> <p><input type="checkbox"/> Mobility, uses assistive equipment</p> <p><input type="checkbox"/> Nervous system, headaches, seizures, or nervous habits (like twitches)</p> <p><input type="checkbox"/> Female monthly periods</p> <p><input type="checkbox"/> Needs special equipment</p> <p>Please describe:</p> <p><input type="checkbox"/> Medication - My child takes medication. List meds taken at home, school, or in child care. List the name, time medication taken, and the reason medication prescribed.</p> <p><input type="checkbox"/> Allergy - My child has the following allergies (food, medicine, fabric, inhalants, insects, animals, etc.):</p> <p>My child has the following special needs:</p>
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School-Age Care Physical Exam Form

Health Care Provider completes this page

Date of Physical Exam:

IOWA SCHOOL-AGE CARE – HEALTH STATUS – PARENT STATEMENT

Height: _____ Weight: _____
Body Mass Index: _____ Blood Pressure: _____
Hgb. or Hct.: _____
Blood Lead Level: _____
Urinalysis: _____

Exam Results (n= normal limits) otherwise describe

HEENT:

Teeth:

Heart:

Lungs:

Stomach/Abdomen:

Genitalia: _____ Tanner stage: _____

Extremities, Joints, Muscles, Spine:

Skin, Lymph Nodes:

Neurological:

Sensory Screening

Vision Right eye _____ Left eye _____

Hearing Right ear _____ Left ear _____

Tympanometry (attach results)

Referral Made Today ☐ Yes ☐ No

Date of Last **Dental** Exam: _____

Dental Referral Made Today ☐ Yes ☐ No

Birthdate: _____

Age: _____

Vaccines given today:

DtaP/DTP/Td

HEP B

HIB

Influenza

MMR

Pneumococcal

Polio

Varicella

Other

TB testing (for high risk child only)

Referrals made today:

☐ Referred to **hawk-i** today 1-800-257-8563

Health Related Child Care Comments:

Medications Needed at Child Care:

Health Care Provider Name, Address, telephone number, after hours telephone number : (*may use a stamp*)

Signature Health Provider: _____

Date: _____

Iowa License Number: _____

IOWA RECOMMENDATIONS FOR PREVENTIVE HEALTH CARE – SCHOOL-AGE YOUTH

Health Provider Guide		AGE ⁹											
		5 yr.	6yr.	7 yr.	8 yr.	9 yr.	10 yr.	11 yr.	12 yr.	13 yr.	14 yr.	15 yr.	16 yr.
History:	Initial and Interval	●	●	●	●	●	●	●	●	●	●	●	●
Measurement:	Height/ Weight	●	●	●	●	●	●	●	●	●	●	●	●
	Body Mass Index	●	●	●	●	●	●	●	●	●	●	●	●
	Blood Pressure	●	●	●	●	●	●	●	●	●	●	●	●
Sensory Screen:	Vision	●	●	●	●	●	●	S	●	S	S	●	●
	Hearing	●	●	●	●	●	●	S	●	S	S	●	●
Developmental/Behavior/School:	Screen	●	●	●	●	●	●	●	●	●	●	●	●
Complete Unclothed Physical Exam		●	●	●	●	●	●	●	●	●	●	●	●
Lab:	Hematocrit or Hemoglobin	●						●					➔
	Urinalysis	●						●	●	●	●	●	●
	Lead Test ¹⁰	◆	◆										
	Cholesterol Screen	◆	—										➔
	STD Screen ¹¹	◆	—										➔
	Genital or Pelvic Exam ¹²	◆	—										➔
	TB test ¹³	◆	—										➔
Immunizations:	<i>per Iowa schedule</i> ¹⁴	●	●	●	●	●	●	●	●	●	●	●	●
Family Guidance:	Injury Prevention	●	●	●	●	●	●	●	●	●	●	●	●
	Seat Belt Use	●	●	●	●	●	●	●	●	●	●	●	●
	Bike Helmet Use	●	●	●	●	●	●	●	●	●	●	●	●
	Violence Prevention ¹⁵	●	●	●	●	●	●	●	●	●	●	●	●
	Nutrition & Physical Activity Counseling	●	●	●	●	●	●	●	●	●	●	●	●
	Pregnancy Prevention ¹⁶	◆	—										➔

Key: ● = to be performed S = Subjective, by history
 ◆ = to be performed for at-risk children O = Objective, by standard testing
 ➔ = Range in which the task may be completed

For questions about school-age preventive health care go to www.brightfutures.org or www.aap.org.

School-age youth with health, social, or behavior questions. Refer to **TEENLINE 1-800-443-8336**.

⁹ If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.

¹⁰ Lead testing Iowa Lead Testing program 1-800-242-2026.

¹¹ Sexually active youth should be screened.

¹² Sexually active youth should be screened.

¹³ TB testing for at-risk children Iowa TB program 1-800-383-3826.

¹⁴ Immunization per schedule Iowa Immunization program 1-800-831-6293.

¹⁵ All families to receive violence prevention.

¹⁶ All sexually active youth should have access to pregnancy prevention services. CALL TEENLINE 1-800-443-8336.

PHONE NUMBERS

POLICE _____

POISON CONTROL _____

FIRE _____

PARAMEDICS _____

CHILDS NAME	BIRTH-DATE	PARENTS			DOCTOR	SCHOOL	EMERGENCY CONTACT	
		Name	Home	Work			Name	Phone
		M						
		F						
		M						
		F						
		M						
		F						
		M						
		F						
		M						
		F						
		M						
		F						
		M						
		F						

HOME ADDRESS _____


TELEPHONE NUMBER(S) _____

Medication Consent and Record for (*child's name*)

PARENT complete this section

I give permission to administer medication to my child as stated below:

STAFF complete this section

Date	Parent's Signature	Name of Medication / Possible Side Effects to Watch For	To Be Given		Amount Each Dose & How Given (by mouth, nose, ear, to skin)	Keep in fridge (Y/N)	Safety Check-- Done	Time Given	Staff Initials	Date	Reaction/Notes
			Date	Time							
EXAMPLE 10/10/02	Jane Doe	Depakote / severe stomach cramps	Oct. 10, 2002	12:00 with lunch	1 capsule by mouth	No		12:00	KT	10/10/02	None

- Safety Check:**
1. Child-resistant container
 2. Original prescription or manufacturer's label
 3. Name of child on container
 4. Current date on prescription/expiration date visible and not expired
 5. Name and phone number of licensed health professional that ordered medication on container or on file

Adapted from *Model Child Care Health Policies*, June 1997, by the Early Childhood Education Linkage System (ECELS), a program funded by the Pennsylvania Depts. of Health and Public Welfare and contractually administered by the PA Chapter, American Academy of Pediatrics.

EMERGENCY DRILL RECORD

Year _____

Month	Fire Drills	Smoke Alarms	Tornado Drills
January	Date: Evac. Time: # of Children:	Date Replaced Batteries:	Date: Evac. Time: # of Children:
February	Date: Evac. Time: # of Children:	Date Replaced Batteries:	Date: Evac. Time: # of Children:
March	Date: Evac. Time: # of Children:	Date Replaced Batteries:	Date: Evac. Time: # of Children:
April	Date: Evac. Time: # of Children:	Date Replaced Batteries:	Date: Evac. Time: # of Children:
May	Date: Evac. Time: # of Children:	Date Replaced Batteries:	Date: Evac. Time: # of Children:
June	Date: Evac. Time: # of Children:	Date Replaced Batteries:	Date: Evac. Time: # of Children:
July	Date: Evac. Time: # of Children:	Date Replaced Batteries:	Date: Evac. Time: # of Children:
August	Date: Evac. Time: # of Children:	Date Replaced Batteries:	Date: Evac. Time: # of Children:
September	Date: Evac. Time: # of Children:	Date Replaced Batteries:	Date: Evac. Time: # of Children:
October	Date: Evac. Time: # of Children:	Date Replaced Batteries:	Date: Evac. Time: # of Children:
November	Date: Evac. Time: # of Children:	Date Replaced Batteries:	Date: Evac. Time: # of Children:
December	Date: Evac. Time: # of Children:	Date Replaced Batteries:	Date: Evac. Time: # of Children:

IOWA CHILD CARE PROVIDER PHYSICAL EXAM REPORT ¹⁷
Child Care Center Personnel • Child Development Home Providers

Child Care Provider's Name: _____

Name of Employer: _____

Type of Child Care Activities the child care provider will be doing: ☐ lifting, carrying children ☐ close contact with infants/toddlers ☐ close contact / children ages 3-5 yr. ☐ close contact with school-age children ☐ first aid duties ☐ driving vehicles ☐ facility maintenance (no contact with children) ☐ food preparation ☐ desk work (no child contact)

CHILD CARE PROVIDER NOTES: *I am concerned about the following health problems:*

- | | |
|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Need more frequent sick days than the average person |
| <input type="checkbox"/> Breathing problems (asthma, emphysema) | <input type="checkbox"/> Neurologic problems (epilepsy, Parkinsonism, other) |
| <input type="checkbox"/> Diabetes or problems like thyroid, other) | <input type="checkbox"/> Skin problems (eczema, rashes, conditions incompatible with frequent handwashing, other) |
| <input type="checkbox"/> Emotional or nervous problems (depression, difficulty handling stress) | <input type="checkbox"/> Smoking or alcohol use |
| <input type="checkbox"/> Hearing / difficulty hearing in a noisy environment | <input type="checkbox"/> Stomach or bowel problems |
| <input type="checkbox"/> Heart, blood pressure problems | <input type="checkbox"/> Susceptibility to infection, illness |
| <input type="checkbox"/> Musculoskeletal problems (low back pain or susceptibility to back injury, neck problems, arthritis, limitations on activity) | <input type="checkbox"/> Vision |
| | <input type="checkbox"/> Other problem that requires work restrictions modification |

Health Care Provider

The physical exam should include functional assessment of vision and hearing, and a review and exam of systems. The exam should determine health conditions that would pose a threat to the health, safety, or well-being of children in child care, and/or predispose the person to occupational injury related to the care of children in a child care setting.

Immunization Status: *please check if immunizations up to date*

- | | |
|--|---|
| <input type="checkbox"/> dT (every 10 years) Date given _____ | <input type="checkbox"/> hepatitis B (3 dose series) |
| <input type="checkbox"/> MMR (2 doses for persons born after 1989; 1 dose for those born in or after 1957) | <input type="checkbox"/> varicella (2 doses or had the disease) |
| <input type="checkbox"/> polio (OPV or IPV in childhood) | <input type="checkbox"/> flu shot |
| | <input type="checkbox"/> pneumonia vaccine |

Communicable Disease

Does the person have a communicable disease that poses a threat to the health, safety, or well-being of children?

☐ YES ☐ NO

(If yes, list the recommended job duty restrictions.)

Does the person test positive or have a history of tuberculosis? ☐ YES ☐ NO Date of positive test _____

Has the person completed medical diagnosis and treatment? ☐ YES ☐ NO

If the person needs diagnosis and/or medical treatment for tuberculosis, please contact the Iowa Department of Public Health, Tuberculosis Program, 515-281-8636

Health Status

Does the person have a health condition(s) that poses a threat to the health, safety, or well-being of children?

☐ YES ☐ NO

(Please list the recommended job duty restrictions.)

Health Care Provider Signature _____ Date _____

Mailing Address _____ Telephone _____

Provider type: ☐ MD ☐ DO ☐ PA ☐ ARNP Iowa License Number _____

¹⁷ Meets Iowa Administrative Code 441-109 Child Care Centers and IAC 441.110 Child Development Homes.
July 2002

Daily Attendance Record for "Part-Time" Hours

(Only 2 "part-time" children can be present at one time. Additional copies maybe needed if there are more children attending as "part-time".)

Provider's Name _____

Month/Year _____

Page # _____

Day	1 st Child (last, first name)	Time in & Time out	2 nd Child (last, first name)	Time in & Time out	3 rd Child (last, first name)	Time in & Time out	Total hours used for all children each day	180 Total hours (Start with 180 hours and subtract each day's total hours used. When 0 is reached there are no part- time hours left in the month.)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
						Total "part-time" hours used for this month:		

Daily Attendance Record for "Part-time" Hours

(Only 2 "part-time" children can be present at one time. Additional copies maybe needed if there are more children attending as "part-time".)

Provider's Name Mary Jones

Month/Year May 2002

Page # 1

Day	1 st Child (last, first name)	Time in & Time out	2 nd Child (last, first name)	Time in & Time out	3 rd Child (last, first name)	Time in & Time out	Total hours used for all children each day	180 Total hours <small>(Start with 180 hours and subtract each day's total hours used. When 0 is reached there are no part- time hours left in the month.)</small>
1	Jones, Evelyn	8 A - 9:45 A	Smith, Terry	1 PM-2 PM			2 ³ / ₄	177 ¹ / ₄
2								
3	Jones, Evelyn	8 A - 9:45 A					1 ³ / ₄	175 ¹ / ₂
4								
5								
6								
7								
8	Cooper, Jan	11:30 A- 1P	Smith, Terry	1 PM-3 PM			3 ¹ / ₂	172
9								
10	Smith, Sally	1PM – 2:30P	Smith, Terry	1PM – 2:30P	James, Rose	4 PM-6 PM	5	167
11								
12								
13								
14	Greene, Marie	7:30A-9:15A	Smith, Sally	1PM – 3 PM	Smith, Terry	1PM – 3PM	5 ³ / ₄	161 ³ / ₄
15								
16								
17								
18								
19	Greene, Marie	7:30A-8:45A					1 ¹ / ₄	160
20								
21	Greene, Marie	7:30AM-9AM					1 ¹ / ₂	158 ¹ / ₂
22								
23								
24								
25	Cooper, Jan	2 P-3:45PM					1 ³ / ₄	156 ³ / ₄
26								
27								
28								
29								
30								
31								
							Total "part-time" hours used for this month:	23 ¹ / ₄